

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 FEB 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006203

1. Corporation Name

Global Telecom & Technology Americas, Inc.

REINSTATEMENT 2010 - 2011

2. Principal Office Address - No P.O. Box #

8484 Westpark Dr Ste 720

3. Mailing Office Address

100188398851
12/06/10 - 01/04/11 **\$750.00
01/04/11 01070 018 \$150.00
CR2E081 (6/10)

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

McLean VA

City & State

Zip

22102

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

Suite, Apt. #, Etc

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

James Martin
Assistant Secretary

Date 2/24/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Richard Calder	8484 Westpark Dr Ste 720	McLean VA 22102
CFO	Eric Swank	8484 Westpark Dr Ste 720	McLean VA 22102
Sec	Chris McKee	8484 Westpark Dr Ste 720	McLean VA 22102

10. E-mail Address: contact@nationwideregulatorycompliance.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris McKee

11/16/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #