

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
• Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 846318

**1. Corporation Name**

TAMPTEL I, INC.

**2. Principal Office Address**

522 Fifth Avenue

Suite, Apt. #, etc.

9th Floor

City & State

New York, NY

Zip

10036

Country

New York

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

June 24, 1980

**5. FEI Number**

13-3045288

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Lynette Coleman*

**Lynette Coleman**  
as its agent

REGISTERED AGENT MUST SIGN

Date 10/10/03

**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
	see attached		
		800023712458	

**10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

*Michael Astarita*

Michael Astarita, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/03

Date

212-483-2323

Daytime Phone #

## OFFICER AND DIRECTOR LIST

FOR

TAMPTEL I, INC.  
(311481.0577)

### DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Benjamin G. Gifford	522 Fifth Avenue, New York, NY 10036
Michael G. Astarita	522 Fifth Avenue, New York, NY 10036

### OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Benjamin G. Gifford	522 Fifth Avenue, New York, NY 10036
Secretary and Treasurer	Michael G. Astarita	522 Fifth Avenue, New York, NY 10036



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 275007 4302312

AUTHORIZATION :

COST LIMIT : \$ 1358.75

*Patricia Pizuto*

ORDER DATE : October 9, 2003

ORDER TIME : 10:55 AM

ORDER NO. : 275007-010

CUSTOMER NO: 4302312

CUSTOMER: Ms. Tara M. Nyack  
Stroock & Stroock & Lavan LLP  
Suite 3520  
180 Maiden Lane  
New York, NY 10038-4982

REINSTATEMENT

NAME: TAMPTel I, INC.

RECEIVED  
03 OCT 10 PM 12:46  
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_