FILED

08 FEB 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000000496

1. Entity Name
TOTAL CALL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	1720 WINDWARD CONCOURSE STE 250 ALPHARETTA, GA 30005

02012008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		107. W. Michigan	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4th Floor	
City & State		City & State Kalamazoo, MI	
Zip	Country	Zip 49007	Country

4. FEI Number 33-0858351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH,LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Samantha Jones Assistant Secretary 2-1-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAFSTEDT, MARK 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600118742646 02/25/08--01034--024 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD INA, DANNY 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

RH 1-08

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/14/08 (213) 995-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #