100,00
200

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE FALLAHASSEE. FLORIDA

)			कृति ।								
<u> </u>	Telei	communic	ations	A	nalysis	n or	ادِ نِي				
		Group	, Inc	1.	, , , , , , , , , , , , , , , , , , ,						
2. Principa	al Office Addr	ess load Rd	3. Mailing 0	Office Addr	ood Ra	<u>/</u>	REINS	TATE	WER	1120	0/
Suite, Apt.	#, etc.	and the second of the second o	Suite, Apt. #,		بيد بي د يسب		4. Date Incorp		ualified	1/30	[a]
City & State	rand	<u> </u>	City & State	ran	ds		5. FELNumbe			- -	Applied For
Zip /	vy	Country	Zip /	Y .	Country	••	6.	OF STATUS			Not Applicable ional Fee required ificate of Status
		·	7.	Name and	Address of Current R	Register	ed Agent	2.27.	A to the second second	e de la constante de la consta	2
	Name Corporation Service Company 300004880173-9 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street #***750.00 *****750.00										
	Suite, Apt. #, Etc.										
	City	Tellahassi	ee F	_				State FL .	Zip Code <i>3 230/</i>	- 252	25
8. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am	familiar with and acce	pt the ob	oligations of section	on 607.0505	or 617.0503,	F.S. ,	
Signature o Registered		5ee	EGISTERED AG		hed			Date			
9. Names	s and Street A	ddresses of Each Officer ar	d/or Director (Flo	orida nonp	rofit corporations must	list at lea	ast 3 directors)	1 9	Control of the Contro		and the contract of the state o
Titles		Name of Officers and/or Directors	<u> </u>		Street Address Officer and/or				City /	State / Zip	
Pres	Sha	un Maho	ney	14	LongShade	SW	Sr	Lax	han 12	110	
5T	An.	thony Mo	ney	/	oriel L	ane	<u></u>	1.			NY 1214
Dir	Patr	rickT. Mane	y Jr.	162	ZElliot A	loa	d	EAST	Gre	enbu 2061	sh
						·	****			<u> </u>	
	}										

10.1 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	, FLI	CAGE INCAD	ALL INSTRUCT	IONS, BEFORE		OIXIVI.				
	RPORATION ISTATEMEN		Kather l Secreta	RTMENT OF STATE Ine Harris ry of State corporations	R.A.	0				
DOCUMENT # F000000599					Signfure Page					
,	Telecon	nmunica Group	tions And	nalysis						
2. Principa 12	ei Office Address <i>Elmuo</i>		3. Malling Office Address 12 Elmu							
Suite, Apt. #			_Sufto, Apt. #, otc.		4. Date incorporated or Qualified //30/9/					
Menands			City & State - Menant		5. FEI Number — Applied For Not Applied					
Zip /	V	USA	Zip //	Country USA	G. CERTIFICATE OF STATUS DESIRE	58.75 Additional Fee required for a Certificate of Status				
8. I, being Signaturo et Registered A	Suite. Apt. #, Etc	Ilahasse torod agont of tho abov	a named corporation, om		obligations of socion 607.0505 or 617.	100 - 2525 0503, F.S. mang 17, 2002				
	and Street Address	es of Each Officer and/ Name of	er Olrector (Florida nenpre	ofit corporations must list at le Stroot Address of Each						
Pres 5T	Shaw	cers and/or Directors	ney 14 a	long Shadow Oriel Lan	br Laxha	city/stato/Zip 12110 elaer My 1214				
Dire	Patric	tt.Maney	157. 162	Elliot Roc		reenbush 12061				
thle rein awad by	etatement application to corporation has application is true as TURE:	on, the reason for dissolve been paid and the not decurate, and my sig	ution has boon eliminated, ames of individuals listed o nature shell have the same	the corporate hame satisfies in this form do not qualify for a logal offect as if made unde	, ,	or 617,0401, F.S., that all fees				