

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

02 JAN 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F000000000599**

1. Corporation Name

*Telecommunications Analysis
Group, Inc.*

2. Principal Office Address

12 Elmwood Rd

Suite, Apt. #, etc.

City & State

Menands

Zip

NY

Country

USA

3. Mailing Office Address

12 Elmwood Rd

Suite, Apt. #, etc.

City & State

Menands

Zip

NY

Country

USA

REINSTATEMENT

2001

4. Date Incorporated or Qualified
to Do Business in Florida

1/30/91

5. FEI Number

14-1827815

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

300004880173

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

1201 Mays Street

Suite, Apt. #, Etc.

City

Tallahassee FL

State
FL

Zip Code

32301-2525

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

See Attached

Date

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
<i>Pres</i>	<i>Shaun Mahoney</i>	<i>14 LongShadow Dr</i>	<i>Latham NY 12110</i>
<i>ST</i>	<i>Anthony Maney</i>	<i>1 Oriol Lane</i>	<i>Rensselaer, NY 12141</i>
<i>Dir</i>	<i>Patrick T. Maney Jr.</i>	<i>162 Elliot Road</i>	<i>EAST Greenbush NY 12061</i>

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:

Patrick T. Maney Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (518) 292-6570

Date

Daytime Phone # *x6601*

CR2E081 (9/00)

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 Katherine Harris
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Signature of
Registered Agent

ROBERT BRANCH

REGISTERED AGENT MUST SIGN

Date January 17, 2002

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
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ST	Anthony Maney	1 Oriol Lane	Rensselaer, NY 12141
Dir	Patrick T. Maney Jr.	162 Elliot Road	East Greenbush NY 12061

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 R.A.
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