

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 16 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003231

1. Corporation Name

TELNET CORPORATION OF OHIO

700160735317
09/16/09--01044--008 **1200.00

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

659D Lakeview Plaza Blvd.

3. Mailing Office Address

659D Lakeview Plaza Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Worthington, OH

City & State

Worthington, OH

Zip

43085

Country

USA

Zip

43085

Country

USA

REINSTATEMENT 02-09

4. Date Incorporated or Qualified To Do Business in Florida 6/14/2001

5. FEI Number 31-1368778

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

(The) reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Char McAdow, Asst. Secretary

Date 9/11/2009

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, Treasurer & Director -	Lee S. Kleinman	659D Lakeview Plaza Blvd.	Worthington, OH 43085
President	Russell McComb	659D Lakeview Plaza Blvd.	Worthington, OH 43085

JC 9/17

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 contained in Chapter 119, 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:

Lee S. Kleinman

Lee S. Kleinman - CEO

8/7/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #