PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 007 -6 PH 12: 55
DOCUMENT # FO100003836 1. Corporation Name GRANGER Telecom Comp. 22 CORGEY ROAD		CEGLETA TO LATE THE CONTROL OF THE STATE
Pleasanton, Tx 78064		200050300742 10/06/0501045004 **900.00
2. Principal Office Address 22 CORGEY ROAD PLEASANTON, Tx 78064 Suite, Apt. #, etc.	3. Mailing Office Address 22 Co R GEY Ro Ad Ple ASANON, To 78064 Suite, Apt. #, etc.	CR2E081 (8/05)
N/A	NA.	4. Date Incorporated or Qualified To Do Business in Florida 07-20-200
Pleasanton, Tx	Pleasanton, To	5. FEI Number Applied For 74 - 2903 205 Not Applicable
7 8064 Country	78064 Country USA_	6. CERTIFICATE OF STATUS DESIRED 6 for a Certificate of Status
7. Name and Address of Current Registered Agent		
C T Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City :Plantation		State Zip Code FL 33324
8. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. E. A. Wallace Signature of Registered Agent REGISTERED AGENT MUST SIGN Date		
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 Directo	
Pres L.B. Tonerlin	22 Corsey K	POAd Pleasanton, To 78064
Pres L.B. Tomerlin Sec. Ernestina Tomenli	N 22 CORGEY K	PoAd Pleasanton, To 78064
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 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: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #		