PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 10 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000844

1. Corporation Name

TELEDIRECT COMMUNICATIONS, INC

2. Principal Office Address		**3.** Mailing Office Address	
4286 Woodbine Road		4286 Woodbine Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite B		Suite B	
City & State		City & State	
Pace, FL		Pace, FL	
Zip	Country	Zip	Country
32571	USA	32571	USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 2/12/2002

5. FEI Number 880503015 — 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: Christine Stevens

Street Address (P.O. Box Number is Not Acceptable): 4286 Woodbine Road

Suite, Apt. #, Etc.: Suite B

700045660587
01/31/05--01017--023 **8.75

City	State	Zip Code
PAce	FL	32571

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: Christine Stevens — Date: 1-6-05

REGISTERED AGENT MUST SIGN

700045660587

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
Pres	Jorge Bellas, Jr.	5032 Forest Creek Drive	Pace, FL 32571
VP AST	Rutherford Smith	24566 Perdido Beach Blvd.	Orange Beach, AL 36561
VP AST	Thomas Marr, Jr.	24566 Perdido Beach Blvd.	Orange Beach, AL 36561
AST	Christine Stevens	3487 Jubilee Drive	Pace, FL 32571
AST	Christine Marr	740 Museum Drive	Mobile, AL 36608
VP AST	Maury Friedlander	4286 WOodbine Road, Suite B	Pace, FL 32571

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: Christine Stevens — 1-6-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #