

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F02000005482**

1. Corporation Name

**ENTRIX TELECOM, INC.**

Principal Place of Business

520 BROAD STREET  
NEWARK NJ 07102

Mailing Address

50 ROCKEFELLER PLAZA STE. 1022  
NEW YORK NY 10020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

03 OCT 20 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03 MRS

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LICHTENSTEIN, MORRIS	520 BROAD STREET	NEWARK NJ 07102
D	MAURO, DOUG	520 BROAD STREET	NEWARK NJ 07102
S	ROSENBERG, NORMAN	520 BROAD STREET	NEWARK NJ 07102

400024390954  
11/03/03--01105--019 \*\*150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Sheila Clark*  
REGISTERED AGENT MUST SIGN

**SHEILA CLARK**

Date

10/17/03

Assistant Secretary

11. 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:

*Norman Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN ROSENBERG

10/14/03  
Date

(973) 438-4001  
Daytime Phone #

CR2040 (7/03)



Legal Department

**IDT Corporation**

520 Broad Street  
Newark, NJ 07102 USA  
P 973-438/3342  
F 973-438/1455  
[www.idt.net](http://www.idt.net)

October 17, 2003

Via DHL Express  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Entrix Telecom, Inc.

Dear Sirs:

After speaking with a representative in your filings office, I was advised to write a letter stating that, since I had never received the 2003 Annual Report form, the reinstatement fee be waved and that you accept the Application for Reinstatement and filing fee of \$150.00. So, enclosed please find the Reinstatement form for the above mentioned company and check for \$150.00.

If you have any questions with respect to this filing, please do not hesitate to contact me at (212) 547-5882.

Sincerely yours,

A handwritten signature in cursive script that reads 'Marni Chorzewski'.

Marni Chorzewski  
Administrative Assistant