FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000005948

1. Corporation Name
VOIP HOLDINGS, INC.

REINSTATEMENT 05
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
12330 S.W. 53rd Street	12330 S.W. 53rd Street
Suite, Apt. #, etc. Suite 712	Suite, Apt. #, etc. Suite 712
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33330 Country USA	Zip 33330 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 10/18/04

5. FEI Number None ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $87.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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 Connie Bryan / Special Assistant Secretary Date 10/03/05
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
P/S/T	Steven Ivester	12330 S.W. 53rd Street	Ft. Lauderdale, FL 33330

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: 9/25/05 (954) 452-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

VOIP HOLDINGS, INC.

Certificate of Status	1
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