2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000006020

Entity Name: GTL PAYPHONES, INC.

FILED Oct 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2609 CAMERON STREET MOBILE, AL 36607 **Current Mailing Address: New Mailing Address:** 2609 CAMERON STREET 12021 SUNSET HILLS ROAD SUITE 100 MOBILE, AL 36607 RESTON, VA 20190 FEI Number: 13-3767241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TCS CORPORATE SERVICES, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ERNEST ELLIS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD () Delete Title: CEOD (X) Change () Addition Name: OLIVER, BRIAN Name: OLIVER, BRIAN 2609 CAMERON STREET 12021 SUNSET HILLS ROAD, SUITE 100 Address: Address: City-St-Zip: MOBILE, AL 36607 City-St-Zip: RESTON, VA 20190 PD Title: Title: (X) Delete () Change () Addition FERGUSON, CRAIG Name: Name: 2609 CAMERON STREET Address: Address: MOBILE, AL 36607 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition FREEDMAN, ANDY Name: Name: 2609 CAMERON STREET Address: Address: City-St-Zip: MOBILE, AL 36607 City-St-Zip: Title: CFO () Delete Title: () Change () Addition YOW, STEVE Name: Name: Address: 2609 CAMERON STREET Address: City-St-Zip: MOBILE, AL 36607 City-St-Zip: Title: Title: () Delete () Change () Addition RIDGEWAY, TERESA Name: Name: 2609 CAMERON STREET Address: Address: City-St-Zip: MOBILE, AL 36607 City-St-Zip: Title: VAS () Delete Title: () Change () Addition BRADLEY, BRENT Name: Name: 2609 CAMERON STREET Address: Address: City-St-Zip: City-St-Zip: MOBILE, AL 36607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA RIDGEWAY S 10/23/2007