

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000438

1. Corporation Name

TELTRUST COMMUNICATIONS SERVICES, INC.

Principal Place of Business

221 NORTH CHARLES LINDBERGH DRIVE
SALT LAKE CITY UT 84116

Mailing Address

221 NORTH CHARLES LINDBERGH DRIVE
SALT LAKE CITY UT 84116

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

2. New Principal Office Address, If Applicable

6322 S. 3000 E.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6322 S. 3000 E.

Suite, Apt. #, etc.

City & State

Salt Lake City, UT

City & State

Salt Lake City, UT

Zip

84121

Country

USA

Zip

84121

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1992

SP

5. FEI Number

87-0437950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	Marc B. Cohen	6322 S. 3000 E.	SALT LAKE CITY UT 84121
Sec.	Steven Goldman	6322 S. 3000 E.	SALT LAKE CITY UT 84121
D	CATALANO, CARMELO	VIA EPILO 6, 20038	MILAN, ITALY
D	HUFF, GEORGE	6920 Koll Center Parkway	PLEASTON CA 94588
D	GAFFNEY, CHRISTOPHER	One Liberty Square	BOSTON MA 02109
D	HAYES, JOHN	One Liberty Square	BOSTON MA 02109

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 500003046585--5
-11/17/99--01005--018
Street Address (P.O. Box Number is Not Accepted) 750.00 ***750.00
Suite, Apt. #, Etc. 500003046585--5
-11/17/99--01005--019
City *****8-75 *****8-75
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-99
Date

601-535-2000
Daytime Phone #