

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:25

DOCUMENT # F93000000382

1. Corporation Name

~~CoVista, Inc formerly known as~~
TotalTel USA Communications

2. Principal Office Address

150 Clove Rd.

Suite, Apt. #, etc.

8th Floor

City & State

Little Falls, NJ

Zip

07424

Country

USA

3. Mailing Office Address

6455 E Johns Crossing

Suite, Apt. #, etc.

Ste 200

City & State

Duluth, GA

Zip

30097

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-21-93

5. FEI Number

22-1656895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

TCS Corporate Services, Inc.

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

1406 Hays St

Suite, Apt. #, Etc.

Ste 2

City

Tallahassee

State
FL

Zip
32301

1050.00 - ADM

61.25 - AR

88.75 - ARSPP

800004342048 - 0

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***1200.00 ***1200.00

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

REGISTERED AGENT MUST SIGN

Date 5/4/01

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
Dir CEO	wareen Feldman	150 Clove Rd. 8th Fl	Little Falls, NJ 07424
Dir Pres	Kevin Alward	150 Clove Rd. 8th Fl	Little Falls, NJ 07424
Tres VP, Sec	Thomas Gunning	150 Clove Rd. 8th Fl	Little Falls, NJ 07424
Dir	Solomon Feldman	150 Clove Rd. 8th Fl	Little Falls, NJ 07424
Dir.	Jay Miller	150 Clove Rd. 8th Fl	Little Falls, NJ 07424

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas P. Gunning THOMAS P. GUNNING 5/8/01 973-812-1100

CR2E081 (9/00)