

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 OCT 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000117

1. Corporation Name

Netel, Inc.

2. Principal Office Address

1020 NW 163rd Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

1720 Windward Concourse

Suite, Apt. #, etc.

250

City & State

Alpharetta, GA

Zip

30005

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1995

5. FEI Number

51-0362516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TCS Corporate Service, Inc.

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

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

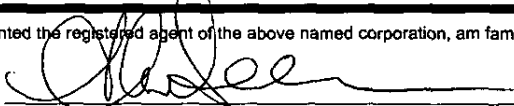
FL

Zip Code

32301

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

10/20/03

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 |
|--------|-----------------------------------|--|--------------------|
| PD | Koyuncu, Hakan | 1020 NW 163 Dr | Miami, FL 33169 |
| | | | |
| | | | |
| | | | |
| | | | |

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

HAKAN KOYUNCU

10.21.2003

Date

(305)914 3434

Daytime Phone #

10/27

CR2E081 (10/02)