

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 FEB 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004467

1. Corporation Name

SRT TELECOMMUNICATIONS LIMITED CORPORATION

2. Principal Office Address

600 NORTH PINE ISLAND ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 150

City & State

PLANTATION FLORIDA

City & State

Zip

33324

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 14, 1995

5. FEI Number
84-1318046

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

CT Corporation System

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

c/o CT Corporation System, 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 Rogers

REGISTERED AGENT MUST SIGN

Date 2/21/02

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 & D	Pierre St-Arnaud	600 North Pine Island Road, Ste. 150	Plantation Florida 33324
VP & D	David L. Adams	600 North Pine Island Road, Ste. 150	Plantation Florida 33324
S & D	Thomas F. Byrne	8 King Street East, Suite 1600	Toronto, Ontario Canada

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:

Thomas F. Byrne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Byrne

February 19, 2002

Date

416-364-1616

Daytime Phone #