

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glena E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000004467

1. Corporation Name

SRT TELECOMMUNICATIONS LIMITED CORPORATION

Principal Place of Business	Mailing Address
600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION FL 33324	600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION FL 33324



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

03

Date Incorporated or Qualified To Do Business in Florida

09/14/1995

5. FEI Number

84-1318046

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ST-ARNAUD, PIERRE	600 NORTH PINE ISLAND ROAD, STE.	PLANTATION FL 33324
VPD	ADAMS, DAVID L	600 NORTH PINE ISLAND ROAD, STE.	PLANTATION FL 33324
SD	BYRNE, THOMAS F	8 KING STREET EAST, STE. 1600	TORONTO ONTARIO CANADA
			300024336489 10/31/03--01078--003 **150.00
		66120-4600	
			300024336489 12/03/03--01018--009 **500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

James A. Bordonaro
 Assistant Secretary

12/18/03

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

DAVID ADAMS

Oct. 21, 2003

Date

514-3352429

Daytime Phone #

CPRE040 (7/03)