

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glen A. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004467

1. Corporation Name

SRT TELECOMMUNICATIONS LIMITED CORPORATION

Principal Place of Business

600 NORTH PINE ISLAND ROAD, STE. 150
PLANTATION FL 33324

Mailing Address

600 NORTH PINE ISLAND ROAD, STE. 150
PLANTATION FL 33324

03 DEC 22 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
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 ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
			900024336489 10/31/03--01078--003 **150.00
		66120-4600	900024336489 12/03/03--01018--009 **600.00

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

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

REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date

12/18/02

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

Date

Oct. 21, 2003

Daytime Phone #

514-335,2429