

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000001833

1. Corporation Name

London Telecom Network, Corp.

2. Principal Office Address

2502 Rocky Point Drive

Suite, Apt. #, etc.

Suite 170

City & State

Tampa Bay, FL

Zip

33607

Country

U.S.A.

3. Mailing Office Address

2502 Rocky Point Drive

Suite, Apt. #, etc.

Suite 170

City & State

Tampa Bay, FL

Zip

33607

Country

U.S.A.

REINSTATEMENT

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

04/09/1997

5. FEI Number

58-2264746

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

C T Corporation

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

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

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

11-13-00

REGISTERED AGENT MUST SIGN

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
C/D	Robert G. Freeman	Suite 170 2505-Rocky Point Drive,	Tampa Bay, FL 33607
S/T/D	Colin Wood	2502 Rocky Point Drive, Suite 170	Tampa Bay, FL 33607
P/D	James Weisz	2502 Rocky Point Drive, Suite 170	Tampa Bay, FL 33607
			800003510908--3 -12/21/00--01086--019 ****750.00 ****750.00
			KE

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

COLIN WOOD

Date

Nov. 29, 2000 800-253-0665

Daytime Phone #