PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -5 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

DOCUMENT # F98000002732

1. Corporation Name
TELECOM WIRELESS CORPORATION

Principal Place of Business / Mailing Address
~~1750 EAST 4800 SOUTH #35~~
~~SALT LAKE CITY, UT 84117~~

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
5299 DTC BLVD.	5299 DTC BLVD.	05/13/98
Suite, Apt. #, etc. #1200	Suite, Apt. #, etc. #1200	5. FEI Number 94-3172656
City & State ENGLEWOOD, CO	City & State ENGLEWOOD, CO	Applied For / Not Applicable
Zip 80111 County USA	Zip 80111 County USA	CERTIFICATE OF STATUS OBTAINED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
C D	JAMES C. ROBERTS	5299 DTC BLVD., #1200	ENGLEWOOD, CO 80111
D P	CALVIN D. SMILEY	5299 DTC BLVD., #1200	ENGLEWOOD, CO 80111
D VP	KOSTA S. KOVACHEV	135 OCEAN WAY	VERO BEACH, FL 32963
VP	ROBERT L. FREDRICK	9015 LAKES BLVD.	WEST PALM BEACH, FL 33412
VP S	LYNNE K. ROBERTS	5299 DTC BLVD., #1200	ENGLEWOOD, CO 80111
		STATEMENT	99 TS

8. Name and Address of Current Registered Agent

N. RICHARD GRASSANO
ATRIUM FINANCIAL CENTER
1515 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432

9. Name and Address of New Registered Agent

Name ROBERT L. FREDRICK
Street Address (P.O. Box Number is Not Acceptable) 9015 LAKES BLVD.
Suite, Apt. #, Etc.
City WEST PALM BEACH State FL Zip Code 33412

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.

Signature of Registered Agent _____ Date 11/3/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11/3/99 561-242-7995
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR OR TRUSTEE — Date — Daytime Phone #

Fees - CT System Only