PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 MAR 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98 000004611

1. Corporation Name

ALT Communications, Inc.

00-01

2. Principal Office Address

5333 Bells Ferry Rd

Suite, Apt. #, etc.

City & State

Acworth, GA

Zip 30102   Country USA

3. Mailing Office Address

PO Box 229

Suite, Apt. #, etc.

City & State

Woodstock, GA

Zip 30188   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1979

5. FEI Number 58-1638990 | 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 Larry T. Brown

Street Address (P.O. Box Number is Not Acceptable) 1400 Indian Rocks Rd

Suite, Apt. # Etc.

City Belleair Bluffs | State FL | Zip Code 33770 |

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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 _____   REGISTERED AGENT MUST SIGN

Date 3/13/01

CR2E081 (9/00)

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
CEO	LARRY T BROWN	5333 Bells Ferry Rd	Acworth, GA 30102
		REINSTATEMENT 00-01 TB	

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: _____ LARRY T. BROWN 3/13/01 770-926-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #