<u> څر</u>	•	PLEASE READ	ALL INST	ruci	ΓΙΟΝS Β	EFORE C	OMPLETI	ING THIS FORM.		1082	
CO REN	TALEN		A DEPARTMENT OF STATE Katherine Harris Secretary of State PISION OF CORPORATIONS			FILED 00 NOV -8 AM 10: 48			1 GU		
DOCUMENT # F98000004629 1. Corporation Name							SEGRETARY OF STATE TALBAHASSEE, FEORIDA				
1	NTERNA	ATIONAL INTE	RCONNECT	. INC	С.						
2. Principal Office Address 3. Mailin				Office Address			1				
		Boulevard		7 Barnes Boulevard							
Suite, Apt. #, etc.				pt. #, etc.				porated or Qualified ness in Florida 08/	137/98		
City & State			City & State				5. FEI Numbe			oplied For	
	édge,		Rockle	edge,	1		91 FELINAMO	59-3241074		ot Applicable	
Zip 32955		Country U.S.A.	Zip 3 2 9 5 5		Country U.S.F	Α.	6. CERTIFICATE	OF STATUS DESIRED (5875	Additiona a Certifica	া I Fee required te of Status	
			7. ١	Name and	Address of C	urrent Registen	ed Agent	AND THE RESIDENCE OF THE PARTY			
	Name Victo	or S. Kostro				-	***************************************				
ļ	Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive ,						2000034855526 -12/05/0001011019				
	Suite, Apt. #, Etc.							****150.00	****1	. 00	
	City Melbourne							State Zip Code		- 	
8. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am	familiar with a	ind accept the of	oligations of section	on 607.0505 or 617.0503, F.S.			
Signature of Registered		Vita S	REGISTERED AG	SENT MUS	ST SIGN			Date <u> 0 3 </u>	00		
A Names						no must list at les	act 3 directors)				
1	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least littles Name of Street Address of Each										
Titles	Officers and/or Directors			/ Officer and/or Director				City / State	/ Zip		
P/S/ T/D	Ralph	ı I. Abravaya	a	297 1	Barnes	Bouleva	ard	Melbourne, FL	3295	5	
						-	i			1	

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 filling 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

RALPH I. ABRAVAYA

11/2/00

(321) 631-8073



International InterConnect, Inc.

297 Barnes Blvd.
 Rockledge, FL 32955

Phone: (321) 631-8073 Fax: (321) 632-8769

www.iictel.com

2062

Department of State Division of Corporations P.O Box 6327 Tallahassee, Fl, 32314

- - To-whom it May Concern,

November 2, 2000

International Interconnect – (FEI # 59-324-1074) has never received the Original Renewal form for the year 2000 that was supposed to arrive at our corporate office.

We are requesting that any penalties for late filing be waived for good cause shown.

We thank you for your attention to this matter,

Ralph Abravaya

President