

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F99000000370

1. Corporation Name.

NEW GLOBAL TELECOM, INC.

Principal Place of Business

1600 JACKSON ST., SUITE 300  
GOLDEN CO 80401

Mailing Address

1600 JACKSON ST., SUITE 300  
GOLDEN CO 80401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 JAN 11 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1999

5. FEI Number

88-0366526

Applied

Not Applicable

6.

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
CP	GRANGE, RICHARD C	1600 JACKSON ST., SUITE 300	GOLDEN CO 80401
<del>W</del>	<del>SCHUELE, MICHAEL J</del>	<del>1600 JACKSON ST., SUITE 300</del>	<del>GOLDEN CO 80401</del>
V	GRUNEWALD, BRADLEY K	1600 JACKSON ST., SUITE 300	GOLDEN CO 80401
<del>ST</del>	<del>YAMAGISHI, DAN</del>	<del>1600 JACKSON ST., SUITE 300</del>	<del>GOLDEN CO 80401</del>
V, ST	BRIAN JOHNSON	1600 Jackson Street, Suite 300	GOLDEN, CO 80401

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

200003576622--7

-01/26/01-01059-018

\*\*\*\*150 State Zip Code  
FL \*\*\*\*150.00

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

*Hendrick* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

200003576622--7

-01/26/01-01059-018

\*\*\*\*150.00 \*\*\*\*150.00

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:

*Brian Johnson* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00 303-278-0100  
Daytime Phone #

CR2E040 (8/00)