

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

File# F99000004213

1. Corporation Name

USPAY PHONES, COM, CORP.

2. Principal Office Address

499 Sheridan Street

Suite, Apt. #, etc.

Suite #302

City & State

Dania Beach, FL.

Zip

33004

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06-17-1999

5. FEI Number

65-0938688

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

RICHARD L. Oetting

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

499 Sheridan St.

400004560894-6

Suite, Apt. #, Etc.

#302

Dania Beach FL.

-08/28/01--01090--021

\*\*\*\*908.75 \*\*\*\*908.75

City

DANIA Beach, FL

State

FL

Zip Code

33004

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 08.20.01

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 P	Oetting, Richard	499 Sheridan St.	Dania Beach FL. 33004

REINSTATEMENT 200301

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 of 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

08.20.01

Date

(305) 992-5312  
(954) 433-9262

Daytime Phone #

CR2E01 (9/00)