


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 13 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # G19767 1. Entity Name TELEQUIP COMMUNICATIONS, INC. | | | |  | |
| Principal Place of Business 23431 ROBBINS ROAD ASTATULA, FL 34705 US | | | Mailing Address P. O. BOX 156 MT DORA, FL 32757 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2334645 | |
| 5. Certificate of Status Desired | | | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HENDERSON, WILLIAM H 23431 ROBBINS ROAD ASTATULA, FL 34705 | | | | Name Street Address (P O Box Number is Not Acceptable) City | |
| | | | | State FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DP HENDERSON, WILLIAM H 23431 ROBBINS ROAD ASTATULA, FL 34705 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | S HENDERSON, MONICA L 1074 CLUB HILLS DR EUSTIS, FL 32736 | <input type="checkbox"/> Delete | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address, with all other like empowered. | | | 900081739419 11/13/06--01044--003 **158.75 | | |
| SIGNATURE: <u>William H. Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | WILLIAM H. HENDERSON 11-6-06 352-742-8242 <small>Date Daytime Phone #</small> | | |

11/14/06