

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 19 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H29921

1. Corporation Name

Global Telecommunications Technologies, Inc.

2. Principal Office Address

243 Peregrine Drive

Suite, Apt. #, etc.

City & State

Indiatlantic, FL

Zip

32903

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

11/14/84

5. FEI Number

59-2709105

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

Susan L. Luczak

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

243 Peregrine Drive

Suite, Apt. #, Etc.

City

Indiatlantic

State

FL

Zip Code

32903

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

Susan L. Luczak
REGISTERED AGENT MUST SIGN

Date

Jan 12, 2000

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
PST	Susan L. Luczak	243 Peregrine Drive	Indiatlantic, FL 32903

REINSTATEMENT 98-00178

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:

SUSAN L. LUCZAK
Susan L. Luczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-2000

Daytime Phone #

407 777 0100

CR2E081 (9/99)