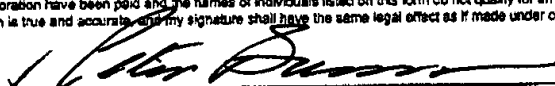


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV -2 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300004669433--4 -11/06/01--01076--004 ***1508.75 ***1508.75	
DOCUMENT # 445849 1. Corporation Name DIVERSIFIED TEL-COMM. INC					
2. Principal Office Address 222 LAKEVIEW Suite, Apt. #, etc. 160-310 City & State WEST PALM B FL Zip 33401		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME		REINSTATEMENT	
		4. Date incorporated or Qualified To Do Business in Florida 03/07/1985		5. FEI Number 59-2507293	
		6. CERTIFICATE OF STATUS DESIRED ☒		\$0.75 Additional Fee required to a Certificate of Status	
7. Name and Address of Current Registered Agent Name PETER BLANT Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE Suite, Apt. #, Etc. 160-310 City WEST PALM BEACH, FL State FL Zip Code 33401					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  Date 11-1-01 REGISTERED AGENT MUST SIGN					
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		
PD	PETER BLANT	222 LAKEVIEW AVE	WEST PALM B, FL 33401		
			LS		
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)(b), 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		Date 11-1-01 Daytime Phone # 561-818-2175	