


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 AUG 22 PM 4:13  SECRETARY OF STATE TALLAHASSEE, FLORIDA										
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">K29704</span>													
<b>1. Corporation Name</b> <span style="font-size: 1.2em;">AMERICOM NETWORKS INTERNATIONAL, INC.</span>													
<b>2. Principal Office Address</b> <span style="font-size: 1.2em;">355 Howard Hughes Suite, Apt. #, etc. 640 City &amp; State Las Vegas NV Zip 89104 Country USA</span>		<b>3. Mailing Office Address</b> <span style="font-size: 1.2em;">355 Howard Hughes Suite, Apt. #, etc. 640 City &amp; State Las Vegas Zip 89104 Country USA</span>											
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <span style="font-size: 1.2em;">07/22/1988</span>		<b>5. FEI Number</b> <span style="font-size: 1.2em;">134013027</span>											
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>											
<b>7. Name and Address of Current Registered Agent</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;"><b>Name</b> <span style="font-size: 1.2em;">MICHAEL THOMPSON</span></td></tr><tr><td colspan="2" style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b> <span style="font-size: 1.2em;">3837 Northdale Blvd</span></td></tr><tr><td colspan="2" style="padding: 2px;"><b>Suite, Apt. #, Etc.</b> <span style="font-size: 1.2em;">1070</span></td></tr><tr><td style="padding: 2px;"><b>City</b> <span style="font-size: 1.2em;">TAMPA</span></td><td style="padding: 2px;"><b>State</b> <span style="font-size: 1.2em;">FL</span></td></tr><tr><td colspan="2" style="padding: 2px;"><b>Zip Code</b> <span style="font-size: 1.2em;">33624</span></td></tr></table>				<b>Name</b> <span style="font-size: 1.2em;">MICHAEL THOMPSON</span>		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <span style="font-size: 1.2em;">3837 Northdale Blvd</span>		<b>Suite, Apt. #, Etc.</b> <span style="font-size: 1.2em;">1070</span>		<b>City</b> <span style="font-size: 1.2em;">TAMPA</span>	<b>State</b> <span style="font-size: 1.2em;">FL</span>	<b>Zip Code</b> <span style="font-size: 1.2em;">33624</span>	
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<b>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.</b>													
<b>Signature of Registered Agent</b> <span style="font-size: 1.2em;">Michael Thompson</span>		<b>Date</b> <span style="font-size: 1.2em;">Aug 5, 2005</span>											
<b>REGISTERED AGENT MUST SIGN</b>													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>													
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>										
PSD	GREGG RUSSELL	355 HOWARD HUGHES	LAS VEGAS, NV 89104										
D	JOE BARRETT	355 HOWARD HUGHES	LAS VEGAS, NV 89104										
<b>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.</b>													
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">Joe Barrett</span>		<b>Date</b> <span style="font-size: 1.2em;">8/4/05</span>											
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Daytime Phone #</b> <span style="font-size: 1.2em;">702-765-0581</span>											

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