

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K61720

1. Corporation Name

PUBLIC TELEPHONE NETWORK, INC.

Principal Place of Business

Mailing Address

6600 N.W. 27TH AVENUE, W-100
MIAMI FL 33247-0307

P.O. BOX 470823
MIAMI FL 33247
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6015 North West 7 Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
6015 N.W. 7th Ave.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33127

Country
USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/23/1989

5. FEI Number

65-0200945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	DAUGHTREY, NEWALL J	2331 N.W. 140TH STREET	OPA-LOCKA FL 33054
CD	REEVES, GARTH C	900 N.W. 54TH STREET	MIAMI FL 33127
CPD	REEVES, GARTH C.	900 N.W. 54th Street	MIAMI, FL 33127
VSD	DAUGHTREY, NEWALL J.	120 NE 71 Street, Apt #3	MIAMI, FL 33151

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAUGHTREY, NEWALL J
5400 NW 22ND AVE
STE 706
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Newall J. Daughtrey
REGISTERED AGENT MUST SIGN

REQUIRED

Date

1/15/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Newall J. Daughtrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEWALL J. DAUGHTREY-VSD

1/15/99
Date

305-636-2345
Daytime Phone #

CR2E040 (9/98)