

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



ORIGINAL DEPARTMENT OF STATE
J. M. Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000014431

02 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000014431

Name and Mailing Address

0004039 01 FP 0.352 **PRST T3 0 0615 33414-577329



TELECOMMUNICATIONS INTERNATIONAL GROUP, L.L.C.
12230 FOREST HILL BLVD., SUITE 104
WELLINGTON FL 33414-5773

MMH



11/4 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

12230 FOREST HILL BLVD., SUITE 104
WELLINGTON FL 33414

3. New Principal Place of Business Address

13833 WELLINGTON TRACE
UNIT 4E #186
WELLINGTON FL 33414

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/21/2000

6. FEI Number

65-1056840

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

PAQUIN, WILLIAM A 13833 WELLINGTON TRACE
12230 FOREST HILL BLVD., SUITE 104 UNIT 4E #186
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

W. Paquin

REGISTERED AGENT MUST SIGN

Date 28 Oct 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PAQUIN, WILLIAM	12230 FOREST HILL BLVD. SUITE 104 13833 WELLINGTON TRACE UNIT 4E #186	WELLINGTON FL 33414
MGRM	MALLON, BENNY	12070 HADWATER CIRCLE	WELLINGTON FL 33414

400008775694
11/04/02--01018--002 **155.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

W. Paquin

Date

28 Oct 2002

Daytime Phone # 561 333 0422

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)