

L01000014515

ATX1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014515

1. Limited Liability Company's Name
Telecom Group LC

900021157999
06/26/03--01050--004 **200.00

2. Principal Office Address		3. Mailing Office Address	
3600 South Ocean Blvd, Suite 604		C/O SKS-20423 State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste6290		Ste6290	
City & State		City & State	
South Palm Beach, Fl		Boca Raton	
Zip	Country	Zip	Country
33480	Palm Beach	33498	Palm Beach

4. State/Country of Formation		Florida
5. Date Organized or Qualified To Do Business in Florida		8/27/2001
6. FEI Number	Applied For	
65-1107126	Not Applicable	
7. CERTIFICATE OF STATUS DESIRED		<input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name		
Stewart Seglin/SKS and Associates		
Street Address (P.O. Box Number is Not Acceptable)		
20423 State RD. 7		
Suite, Apt. #, Etc.		
Ste 6290		
City	State	Zip Code
Boca Raton	FL	33498

9. 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

Date 6/24/2003

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Joseph Roscitt	3600 S. Ocean Blvd Ste604	S. Palm Beach, Fl 33480
Managing Member	Debra Roscitt	3600 S.Ocean Blvd Ste604	S. Palm Beach, Fl 33480

REINSTATEMENT

02-03
dec

11. 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

Date 6/24/2003 Daytime Phone # (561) 483-6888

Typed or printed name of signing Managing Member/Manager **Joseph Roscitt**