

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L02000006260

Name and Mailing Address

0006595 01 AT 0.292 **AUTO T5 0 0615 33149-275225



ONCALL TELECOM, LLC
925 CRANDON BLVD.
KEY BISCAVNE FL 33149-2752

800024529798
11/10/03--01009--003 **150.00



2. New Mailing Address 929 Crandon Blvd City, State, Zip Key Biscayne, FL 33149-2752		4. State/Country of Formation FL	
Principal Place of Business 925 CRANDON BLVD. KEY BISCAVNE FL 33149		5. Date Organized or Qualified To Do Business in Florida 03/18/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 010636769 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent JUNCADELLA, MARIANO 925 CRANDON BLVD. KEY BISCAVNE FL 33149		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Javier A. Cuadra Street Address (P.O. Box Number is Not Acceptable) 929 Crandon Blvd City Key Biscayne FL Zip Code 33149			
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 Javier Cuadra SIGNATURE REQUIRED Date 11/3/03 REGISTERED AGENT MUST SIGN			
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	JUNCADELLA, MARIANO	925 CRANDON BLVD.	KEY BISCAVNE FL 33149
MGRM	JUNCADELLA, SALVADOR J III	925 CRANDON BLVD.	KEY BISCAVNE FL 33149
MGRM	EL-GAZZAR, AMIN	925 CRANDON BLVD.	KEY BISCAVNE FL 33149
MGRM	CUADRA, JAVIER A	925 CRANDON BLVD.	KEY BISCAVNE FL 33149
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 Javier Cuadra SIGNATURE REQUIRED Date 11/3/03 Daytime Phone # 305-365-6161 Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)