

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000031678

1 of 2

FILED

1. DOCUMENT # L02000031678
Name and Mailing Address

03 OCT 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017519 01 FP 0.352 **PRSRT T4 0 0615 33401

ANDERSON TELECOM, LLC
1320 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401



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|---|--|--|--|
| 2. New Mailing Address 1252 B Okeechobee Road City, State, Zip West Palm Beach, FL 33401 | | 4. State/Country of Formation FL | |
| Principal Place of Business 1320 OLD OKEECHOBEE RD. WEST PALM BEACH FL 33401 | | 5. Date Organized or Qualified To Do Business in Florida 11/25/2002 | |
| 3. New Principal Place of Business Address 1252 B Okeechobee Road City, State, Zip West Palm Beach, FL 33401 | | 6. FEI Number 35-2189934 | Applied For <input type="checkbox"/> 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 BURDICK, GEOFFREY C 1110 NORTH OLIVE AVE. WEST PALM BEACH FL 33401 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024043018 City 10/23/03--01024--001 FL **\$5.00 |
|--|---|

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 **SIGNATURE REQUIRED** Date _____

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 |
|----------|-----------------------------------|--|--------------------------|
| MGR | ANDERSON, JAMES | 1320 OLD OKEECHOBEE RD. 1252 B Okeechobee Road | WEST PALM BEACH FL 33401 |
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REINSTATEMENT *2003*

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 **SIGNATURE REQUIRED** Date **10/20/03** Daytime Phone # **561-655-8771**

Typed or printed name of signing Managing Member/Manager **James L Anderson**

29/2

Anderson Telecom, LLC
dba/ SLPowers Telecom
1252 B Okeechobee Road
West Palm Beach, FL 33401
Phone 561-655-8771 Fax 561-655-7820

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Document # L02000031678
FEI Number 35-2189934

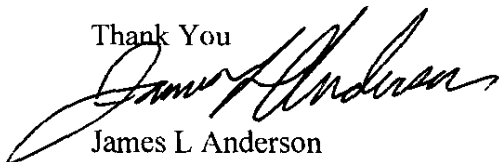
To Whom It May Concern:

Regarding the attached notice for reinstatement of Annual Fee, please be advised that the original filing was reported with the incorrect address. The first notice of this fee was not delivered to the proper address. We are correcting the address on the form provided and enclosed our check # 1302 for the \$50.00 fee.

We respectfully request an abatement of the reinstatement fee because of the incorrect mailing address reported by the registered agent.

Thank you for you prompt and courteous attention.

Thank You

A handwritten signature in black ink, appearing to read "James L. Anderson", written over the printed name.

James L. Anderson