PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR Secretary of State REINSTATEMENT 97 DEC - 1 PM 12: 30 DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name TELSTAR COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2855 NW 112 AVE., BAY 1 2855 NW 112 AVE., BAY 1 MIAMI FL 33172 MIAMI FL 33172 REINSTATEMENT 52 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/04/1986 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number **59-2716620** Applied For City & State City & State Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip MOODY, DONALD 10471 NW 21 CT. Sunrise fl **7:00:00:2373507---4** -12/16/97--01069--019 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E040 (8/97) MÖÖDY, DONALD W Street Address (P.O. Box Number Is Not Acceptable) 2855 NW 112 AVENUE BAY 1 Suite, Apt. #, Etc. MIAMI FL 33172 City State Zip Code FL 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. Date _ 20 Nov 97 Signature of Registered Agent REGISTERED AGEN MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. 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 AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR 3055911611 20 Nov 97

Daylime Phone #