

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30838

1. Corporation Name

2001 TELECOMMUNICATIONS, INC.

Principal Place of Business

4426 NE 8th Avenue
4426 NE 8TH AVENUE
OAKLAND PARK FL 33324
US

Mailing Address

2751 HIGHLAND AVENUE 1905 NW
C/O ALPHA TEL-COM. INC. Washington
GRANTS PASS OR 97526
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1986

5. FEI Number

65-0065826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUBERA, PAUL S	2751 HIGHLAND AVENUE	GRANTS PASS OR 97526
V	WINSTEAD, DAVID	2751 HIGHLAND AVENUE	GRANTS PASS OR 97526
ST	SINCLAIR, RENEE	2751 HIGHLAND AVENUE	GRANTS PASS OR 97526
Receiver Mr. Thomas F. Lennon 7777 Alvarado Rd # 712 La Mesa, Ca. 91941			
400005419004--2 -05/02/02 01007-011 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

ADLER, MITCHELL D ESQ
2021 TYLER STREET
HOLLYWOOD FL 33022

9. Name and Address of New Registered Agent

Name

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

NRAT Services, Inc.

Suite, Apt. #, Etc.

526 East Park Ave.

City

Tallahassee

State

FL

Zip Code

32301

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.

Signature of Registered Agent

Ed. Hand - Pres. Sec.

REGISTERED AGENT MUST SIGN

400005419004--2

-05/02/02 01007-012

****758.75 ****758.75

Date

4/9/02

11. 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.

THOMAS F. LENNON, RECEIVER

SIGNATURE:

BY: William Johnston, PROJECT MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/02 541476 0332

Daytime Phone #