PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M30838

1. Corporation Name
2001 Telecommunications Inc.

4426 NE 8th Avenue
934 SW 21st Way

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
4426 NE 8th Avenue	934 SW 21st Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale Florida	City & State: Boca Raton Florida
Zip: 33334 / Country: Broward	Zip: 33486 / Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650065826 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: John Korman

Street Address (P.O. Box Number is Not Acceptable): 934 SW 21st Way

Suite, Apt. #, Etc.

City: Boca Raton — State: FL — Zip Code: 33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 11/22/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	*Name of* Officers and/or Directors	*Street Address of Each* Officer and/or Director	City / State / Zip
P	Sheldon Shore	2100 South Ocean Boulevard	Fort Lauderdale FL 33316
M	John Korman	934 SW 21st Way	Boca Raton FL 33486
		100043049361 11/29/04--01078--001 **908.25	

10. 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: _____ 11/26/04. 954-242-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #