PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ED

<u> </u>		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 OCT -3 AM 9: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # M 36/6/ 1. Corporation Name		
ALPHA TELECOMMUNICATIONS OF MIAMI, INC.		400023545264 10/03/0301063008 **150.00
2. Principal Office Address 5220 NW 72 Ave Suite, Apt. #, etc.	3. Mailing Office Address 1/600 SW 72 Ave Suite, Apt. #, etc.	REINSTATEMENT_03
Surte A-5		4. Date Incorporated or Qualified To Do Business in Florida C-1-1981
City & State MIAMLEL:	City & State MIAMI, FC	5. FEI Number 59-2702903 Applied For Not Applicable
33166 Country USA	Zip 33156 Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Solvended Sue Suite, Apt. #, Etc. Site 213 City Coreal Cables State Zip Code FL 33/46		
8. I, being appointed the registered agent on 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 10-1-03 REGISTERED AGENT MUST SIGN		
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
PD ALVIN S. RA	EXIN 11600 SW 721	LUAMI, FL 33156
10. It 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 filling 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 pair 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 occurrent, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 10 103 305-463-707		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		
9110/7		

ALPHA TELECOMMUNICATIONS

OF MIAMI, Inc. 5220 NW 72nd Avenue, Suite A-5 Miami, Florida 33166

October 01, 2003,

Department of State _____ Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

Re: Corporate reinstatement 2003

To whom it may concern:

This letter is to confirm that notice for renewal was never received at the corporate address of Alpha Telecommunications of Miami, Inc. (document # M36161) for the required 2003 corporate renewal.

Therefore, as per your policy, I would like to request that you accept the attached reinstatement form and payment in the amount of \$150.00 and reinstate said corporation immediately.

Thank you for your prompt attention to this matter. Should it be necessary I can be reached at 305-463-7071 during normal business hours.

Regards,

Alpha Telecommunications of Miami, Inc.

AL Raskin

President