

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 24 PM 5:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N050000011674

1. Corporation Name

SPIRIT-US Telecom, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Cumming GA

Zip

30040

Country

Forsyth

3. Mailing Office Address

3070 whittier way

Suite, Apt. #, etc.

City & State

Cumming GA

Zip

30040

Country

Forsyth

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2005

5. FEI Number

43-2092316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
(for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name

Salem Philippi

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

221 Amesbury lane

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

50011302359
10/24/07 Date 01050--009 **298.00

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
President	Salem Philippi	3070 whittier way	Cumming GA 30040
CEO			
Vice President	Mildred Narcisse	221 Amesbury lane	Kissimmee FL 34758
secretary	Mackendy Philippi	1417 N. West 80th Ave	Margate FL 33063
designated	livengston Narcisse	221 Amesbury lane	Kissimmee FL 34758
Treasurer	Wildolph Philippi	1417 N. West 80th Ave	Margate FL 33063

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 contained in Chapter 119, 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/07 321-697-8090

Daytime Phone #