PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

INDEPENDENT TELECOMMUNICATIONS PIONEER ASSOCIATION ON, INC.

Principal Place of Business

Mailing Address

1401 H STREET NW

STE 600 WASHINGTON DC 20005 C/O CSC 1201 HAYES ST TALLAHASSEE FL 32301 FILED

DEC 31 PM 5: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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			L. C				Giailiait	01	
		Address, If Applicable				rporated or Qualified siness in Florida 12/12/1984			
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Numb	<u> </u>	Applied For	
City & State			City & State	City & State		<u>F2-6069722</u>		Not Applicable	
Zip Country			Zip	Cou	ntry	6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofit com	orations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	HORNING, VANEGOA BOX LETTE ROLL, Dartene			4102 122ND PL. SE 1385 Road 216			EVERETT WASSESSO Gelle Fontaine, DH 43311		
D	MCVEY, ROSS			C/O TDS 8401 GREENWAY BLVD., 11			MIDDLETON WI 53562		
D	PRITCHARD, JOSEPHINE M Beck, Ann			81 LOCUST AVE 330 E. Black ST.			HERSHEY PA 17033 Rock Hill, SC 29730		
D	HANEY, LORETTA, Fleming, Scott			704 S. 20 The STREET			REDLANDS CA 92979 Arlington, VA 22202		
D	MCCARTNEY, JAMES			2121 UNIVERSITY PARK DR., STE 15			OKEMOS Mi 48864		
D	JOHNSTOI	N, J. GUY		3199 GREENWOOD RD			ROCK HILLS SC 29730		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Name									

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

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

City

147 Esta Zife Code

-01/17/02**-FQ**1024---013

10. I, being appointed the registered agent of the above parted corporation, am familiar with and accept the obligations of Section 607.0505, ES-15-25

Signature of Registered Agent

Brian Courtney REGISTERED AGENT MUST SIGN GENT

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 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 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: