

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 13 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004724

1. Corporation Name

SOUTH FLORIDA TELECOM forum, Inc.

2. Principal Office Address

1900 W COMMERCIAL BLVD

Suite, Apt. #, etc.

100

City & State

Ft Lauderdale FL

Zip

Country

USA

3. Mailing Office Address

1900 W COMMERCIAL BLVD

Suite, Apt. #, etc.

100

City & State

Ft Lauderdale FL

Zip

Country

33309

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/97

5. FEI Number

650722686

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

BENNETT BRODERMAN

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

625 NE 3 AVE

Suite, Apt. #, Etc.

City

Ft Lauderdale

State
FL

Zip Code

33304

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], Esq.
REGISTERED AGENT MUST SIGN

Date 2/26/02

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
<u>PRES</u>	<u>Benjamin D</u>	<u>1900 W COMMERCIAL BLVD #100</u>	<u>Ft Lauderdale FL 33309</u>
<u>V.P.</u>	<u>GRON BENJAMIN D</u>	<u>1900 W COMMERCIAL BLVD #100</u>	<u>Ft Lauderdale FL 33309</u>
<u>TREAS</u>	<u>Geoffrey Krutik D</u>	<u>1900 W COMMERCIAL BLVD #100</u>	<u>Ft Lauderdale FL 33309</u>

REINSTATEMENT

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:

[Signature] Geoffrey Krutik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 561-864-6316
Date Daytime Phone #

CR2E061 (9/01)