

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/11/02--01033--012  
\*\*\*\*908.75 \*\*\*\*908.75

REINSTATEMENT 01-02

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P00000014100

1. Corporation Name  
*Interphone International Corp.*

2. Principal Office Address  
*66 NW 107 St*

3. Mailing Office Address  
*66 NW 107 St*

4. Date Incorporated or Qualified To Do Business in Florida  
*Rec'd P. 00000014100 4/2/00*

5. FEI Number  
*05-100-9706*

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

City & State  
*Miami Shores FL*

City & State  
*Miami Shores FL*

Zip  
*FL 33168*

Country  
*U.S*

7. Name and Address of Current Registered Agent

Name  
*George De Vita*

Street Address (P.O. Box Number is Not Acceptable)  
*66 NW 107 St*

Suite, Apt. #, Etc.

City  
*Miami Shores*

State  
*FL*

Zip Code  
*33168*

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

Date  
*06-25-02*

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
P	<i>Jose A Gherzi</i>	<i>66 NW 107 St</i>	<i>M. Shores. FL 33168</i>
V	<i>George A-DeVita</i>	<i>66 NW 107 St</i>	<i>M. Shore, FL. 33168</i>
M.	<i>M. Appel Garsocci</i>	<i>8740 NE 2<sup>nd</sup> Ave</i>	<i>EL Portal. FL. 33138</i>
C	<i>Roberto Gollardo</i>	<i>8740 NE 2<sup>nd</sup> Ave</i>	<i>FL Portal FL. 33138</i>
C	<i>Pablo Alvarez</i>	<i>8740 NE 2<sup>nd</sup> Ave</i>	<i>FL Portal FL. 33138</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*06-25-02*

Daytime Phone #  
*(305) 968-2123*

CR2E081 (9/01)

7/18/02