

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 31 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018568

1. Corporation Name

All Tel Networking, Inc.

2. Principal Office Address

2373 S.W. Oak Ridge

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

3. Mailing Office Address

P.O. Box 1131

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34991

Country

USA

4. Date Incorporated or Qualified
—To Do Business in Florida

2/17/2000

5. FEI Number

65-0993176

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

DAVID WARREN

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

2373 S.W. Oak Ridge Rd.

Suite, Apt. #, Etc.

City

Palm City, FL 34990

State

FL

Zip Code

34990

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

12/30/02

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
Pres	DAVID WARREN	2373 S.W. Oak Ridge Rd	Palm City, FL 34990

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

12/30/02

Date

772-223-8908

Daytime Phone #

CR2E081 (9/01)

25 1/3

December 30, 2002

Florida Department of State
Division of Corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314

RE: All Tel Networking, Inc.
Doc #: P00000018568

Dear Sir or Madam:

Enclosed you will find a copy of my Corporate Reinstatement Form for All Tel Networking, Inc. I am the Sole owner of All Tel Networking, Inc. Over the past year we have moved business locations several times and in the process papers have been misplaced or lost. I regret to inform you that we have missed the annual filing date. Due to such circumstances, I am requesting that the penalty fee be waived and you accept my check in the amount of \$150.00 for the 2002 report. I thank you in advance for your cooperation.

Sincerely,

David Warren