


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -8 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/08/04--01001--011 **1208.75

DOCUMENT #
1. Corporation Name
VOIP, INC.
P00000632348

REINSTATEMENT 2001-2004

2. Principal Office Address 12330 S.W. 53 RD ST Suite, Apt. #, etc. SUITE 712 City & State FORT LAUDERDALE, FL Zip 33330		Country USA		3. Mailing Office Address 12330 SW 53 RD ST Suite, Apt. #, etc. SUITE 712 City & State FORT LAUDERDALE, FL Zip 33330		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 03/30/2000	
5. FEI Number 75-2785941	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

12/8

7. Name and Address of Current Registered Agent

Name
STEVEN IVESTER

Street Address (P.O. Box Number is Not Acceptable)
12330 SW 53RD STREET

Suite, Apt. #, Etc.
SUITE 712

City
FORT LAUDERDALE

State
FL

Zip Code
33330

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: *Steven Ivester* Date: 12/7/2004

REGISTERED AGENT MUST SIGN

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 CEO	STEVEN IVESTER	12330 SW 53 RD STREET SUITE 712	FORT LAUDERDALE, FL 33330

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: *Steven Ivester* STEVEN IVESTER 12/7/2004 954-434-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)