\$ 150.00

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AP REIN	PPLICATION NS PAIEMER		A DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			JIN SEURET. SION OI	FILED ARY OF STATE CORPORATIO	- - - - - -	
- 1	DOCUMENT # <b>P00000046172</b>					01 OCT 2	5 PH 1:19	IF# N	
AMERICAN EAGLE TELECOM, INC.  Principal Place of Business Mailing Address					10	0004673 -11/14/01 ****150.0	9251 01082018	 - <b>:0</b>	
			ERAL HWY SUITE 409 DALE FL 33308		manus de la constante de la co				
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Ma  Suite, Apt. #, etc.  Suite, Apt. #, etc.			ing Office Address, If Appli		Date Incorporated or Qualified     To Do Business in Florida     05/05/2000				
City & State		City & State	•		5. FEI Number Applied For Not Applied For				
Zip	Country	Zip	Country			OF STATUS DESIRED	\$8.75 Additional Fe for a Certificate o		
7. Names Title(s)	Name of Officers and/or Directors	orida nonprofit corporations must list at least 3 direct Street Address of Each Officer and/or Director			City / State / Zip				
	LEGEL, LARRY		5100 N. FEBERAL HV	VY., SUITE 40	00	FT. LAUDERDALE FL 33308			
P	GLEASON, Stephen	2436 N. Federal #300			Lighthous	e Point, Fo	33064 L		
				N-1-2-2-2-11-1			MINE	<b>7</b>	
					O Name and A		The second second		
LEGEL, LARRY 5100 N. FEDERAL HWY., SUITE 409					9. Name and Address of New Registered Agent  Name  Stephen GLEASON  Street Address (P.O. Box Number is Not Acceptable)  3 43 4 N Federal Hwy  Suite, Apt. #, Etc.  ###################################				
10. I, bein Signature ( Registered	of Agent		eration, am familiar with an	S :: 5 ×	ligations of Section	on 607.0505, F.S.  Date	3/01		

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 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

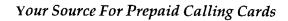
Stephen Cleason 10/23/0.

NING OFFICER OR DIRECTOR Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

CR2E040 (8/01)





Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

## To Whom It May Concern:

Please be advised that we have never received any mailings in reference to annual reports. Please forward any mail to the address provided and we will be sure to pay any fees associated with our corporation. As per your request I have enclosed a check for \$150.00. If you should have any questions please feel free to give me a call. Thank you,

Stephen D. Gleason

President

Corporate Office 2436 North Federal Highway, Suite 302 Lighthouse Point, Florida 33064 Toll Free (800) 364-3417 Email: stephen2@mediaone.net