

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02-03
CORPORATION
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00 0000 56153

1. Corporation Name

Global Telecom Domains, Inc.

300012461463
02/13/03--01049--002 **308.75

2. Principal Office Address

3. Mailing Office Address

135 Beaconsfield Road

135 Beaconsfield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3

Suite #3

City & State

City & State

Brookline, MA

Brookline, MA

Zip

Country

Zip

Country

02445

USA

02445

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 9, 2000

5. FEI Number

651020727

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

GARY S. Rohland

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

2637 Fiddlestick Circle

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33559

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

Gary S. Rohland

REGISTERED AGENT MUST SIGN

Date

2/10/03

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

President Ava Berinstein

135 Beaconsfield Rd

Brookline, MA 02445

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVA BERINSTEIN

2/7/03

Date

(617)-353-2563

Daytime Phone #

CR2E081 (9/01)