

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 01/02/2000 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000085901**

Corporation Name

XREDITEL, INC.

Principal Place of Business	Mailing Address
100 RIALTO PLACE SUITE 700 610 MELBOURNE FL 32901	100 RIALTO PLACE SUITE 700 610 MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country	Country	Country	Country

4. Date Incorporated or Qualified To Do Business in Florida	
09/11/2000	
5. FEI Number	Applied For
59-3658295	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CEO	BAILEY, KENNETH S	100 RIALTO PLACE SUITE 700 610	MELBOURNE FL 32901
CFO	M. GISSEL BARRERA	SAME	SAME
COO	Chaslov Radovich	SAME	SAME

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
O'BRIEN, JAMES M ESQ. 1688 WEST HIBISCUS BLVD. MELBOURNE FL 32901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

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]**, CEO

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399**

December 31, 2001

Dear Secretary:

Enclosed please find our fee of \$150.00 for 2001, and an additional fee of \$150.00 for the year 2002 as and for Creditel, Inc., P00000085901.

We were negligent in filing our 2001 annual report, because we moved from suite number 700 in our building to suite 610 last November and our mail was returned. Additionally, our registered corporate agent's paralegal secretary was discharged and the new paralegal did not notify us of the failure to file until recently. For these reasons and through no fault of our own, we are submitting only the annual fee for 2001.

In case you need to contact me in this regard, my cellular phone number is 321-517-7777.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Bailey", is written over a horizontal line.

Kenneth S. Bailey, CEO