


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000100647**

1. Corporation Name

STARGAZER TELECOM, INC.

Principal Place of Business

90 W. HWY 80
LABELLE FL 33935

Mailing Address

PO BOX 1211
LABELLE FL 33975-1211

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

59-3678280

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DYESS, JO	PO BOX 1211	LABELLE FL 33975

100004695191--8
-11/27/01--01048--015
****150.00 ****150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

DYESS, JO
90 W. HWY 80
LABELLE FL 33935

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

Handwritten signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date OCT. 15, 2001

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

SIGNATURE:

Handwritten signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 15, 2001

Date

(863) 675-9276

Daytime Phone #

Stargazer Telecom, Inc.
P.O. Box 1211
LaBelle, FL, 33975-1211

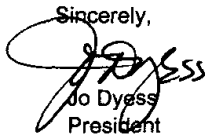
Katherine Harris
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

October 15, 2001

Dear Madam,

Please find enclosed our check for \$150 to reinstate Stargazer Telecom, Inc. as this has been our only notice that any fees for corporate continuance were due the state. Please accept our check and apology for any inconvenience this may have caused. Thank you for your time and consideration.

Sincerely,



Jo Dyess
President