## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 DEC -2 AM SECRETARY OF TALLAHASSEE F	
, = 0 0 0 iii. = 1 1 i i i	m Systems, INC		
2. Principal Office Address  1031 USSOWEST  Suite, Apt. #, etc.	3. Mailing Office Address  /03/ US 90 WCS/  Suite, Apt. #, etc.	REINSTALLAIE	NT 03
Suffe #4	Soute #4	4. Date Incorporated or Qualified To:Do:Business in Florida	4/01-
Defor AK Speings	Defor Af Spring 1/2	5. FEI Number	Applied For  Not Applicable
37935 Country U.S.A.	32435 USA		.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	ered Agent	
Street Address (P.O. Box Number is Not/Acceptable)  Street Address (P.O. Box Number is Not/Acceptable)  Suite, Apt. #, Etc.  City  Defunity  State  State  State  Zip Code  FL  3J 43 3  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  REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corporations must list at l	east 3 directors)	
Titles Name of Officers and/or Direct	Street Address of Eac Officer and/or Direct	ch or City / Sta	ite / Zip
DID GREGORG ME	SEXUE -ISUWTOWER	Creck Popularing	\$2437 Speint, FI
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 filling 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 SUSTING OFFICER OR DIRECTOR Date Daylime Phone #			



## Global Telecom Systems, Inc.

1031 US 90 West DeFuniak Springs, FL 32433

24 November 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Global Telecom Systems Inc. Document#-P01000009020

Dear Sir/Madam;

As per my conversation with your department, due to our business having moved to a new location we did not receive our forms to file our company's Uniform Business Report (UBR).

Our Registered Agent recently received a letter inform us of the administrative dissolution of our corporation due to our failure to file the UBR. We contacted your office on 11/24/03 and was instructed to complete the Corporation Reinstatement form, enclose the normal \$150.00 filing fee, as well as to submit this letter explaining why the forms were not filed, and request the penalty be waived.

If you should have any question please call me at (850) 892-4751. I thank you for your assistance in this matter. And we will ensure this does not happen again.

Thank/you,

egory R. McKenzie

Cc: files