

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB -2 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087983

1. Corporation Name

Professional Telecom Solutions Corp.

REINSTATEMENT 02-06

800065574688
02/10/06--01036--003 ***1358, 75

2. Principal Office Address

2113 Greenbriar

Suite, Apt. #, etc.

Suite B

City & State

Southlake, Texas

Zip

76092

Country

USA

3. Mailing Office Address

2113 Greenbriar

Suite, Apt. #, etc.

Suite B

City & State

Southlake, Texas

Zip

76092

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-07-01

5. FEI Number

59-3745002

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

Andrea Koff

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

146 Southwest 134th Terrace

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

Andrea Koff

Date

8/3/05

REGISTERED AGENT MUST SIGN

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
D/P/S/T	Peter J. Texiera	2113 Greenbriar, Suite B	Southlake, Texas 76092

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 (HANDWRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Peter J. Texiera 8-7-05

Date

817-251-8030

Daytime Phone #

CPRE001 (01/05)