PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR 24 PM 12:32

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-04

DOCUMENT # P01000092342

1. Corporation Name: PC TELECOM CORPORATION

2. Principal Office Address	3. Mailing Office Address
32 Tanguwonk Spur	same
Suite, Apt. #, etc.: 2A	Suite, Apt. #, etc.: same
City & State: Stonington CT.	City & State: same
Zip: 06378 Country: USA	Zip: same Country: same

4. Date Incorporated or Qualified To Do Business in Florida: 9/20/01

5. FEI Number: 593-753-528 ☐ Applind 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: Daniel Sciro

Street Address (P.O. Box Number is Not Acceptable): 6039 Cypress gardens Blvd

Suite, Apt. #, Etc.:

City: Winter haven State: FL Zip Code: 33884

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: Daniel G. Sciro Date: 3-23-04

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
president	Daniel Sciro	6039 Cypress Gardens Blvd	Winterhaven FL. 33884
			300003108343

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: Daniel G. Sciro 3-23-04 860-536-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 516122 7421454

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1058.75

ORDER DATE : March 23, 2004

ORDER TIME : 10:08 AM

ORDER NO. : 516122-005

CUSTOMER NO: 7421454

CUSTOMER: Mr. Daniel J. Sciro
Mr. Daniel J. Sciro
6039 Cypress Gardens Blvd.

Winter Haven, FL 33884

DOMESTIC FILINGS

RECEIVED
04 MAR 24 AM 10:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: PC TELECOM CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____