

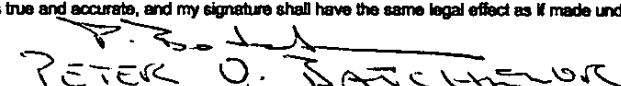


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JUL 24 PM 3:19 SECRET TALLAHASSEE, FLORIDA REINSTATEMENT 02-067 CR2E081 (12/05)	
DOCUMENT # P01000118610				
1. Corporation Name BATCH TELECOMMUNICATIONS INC.				
2. Principal Office Address 9550 SW 119 COURT		3. Mailing Office Address 9550 SW 119 COURT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI		City & State MIAMI		
Zip 33186	Country USA	Zip 33186	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/14/01
5. EEL Number 75-3037070				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$3.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name PETER O. BATCHELOR				
Street Address (P.O. Box Number is Not Acceptable) 9550 SW 119 COURT				
Suite, Apt. #, Etc.				
City MIAMI			State FL	Zip Code 33186
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 		Date 7/19/06		
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	
P	PETER O. BATCHELOR	9550 SW 119 COURT	MIAMI, FL. 33186	
V	PAULETTE S. BATCHELOR	9550 SW 119 COURT	MIAMI, FL. 33186	
900078213919 08/01/05--01028--018 **1358.75				
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 contained in Chapter 119, 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: 		Date 7/19/06 Daytime Phone # 7863269347		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				