

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 DEC 22 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P62000014239

1. Corporation Name

CALLWERKS, INC.

2. Principal Office Address

4228 CENTRAL SARASOTA

Suite, Apt. #, etc.

1011

City & State

SARASOTA, FL

Zip

34238

Country

USA

3. Mailing Office Address

4228 CENTRAL SARASOTA

Suite, Apt. #, etc.

1011

City & State

SARASOTA, FL

Zip

34238

Country

USA

REINSTATEMENT 03-74

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2002

5. FEI Number

020580354

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

BEN STOLZ

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

4228 CENTRAL SARASOTA

Suite, Apt. #, Etc.

1011

City

SARASOTA

State

FL

Zip Code

34238

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 12/21/04

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	BEN STOLZ	4228 CENTRAL SARASOTA 1011	SARASOTA, FL 34238
D	H. Scott Seltzer	225 GOLDBONS CORNER RD, 29	MANALAPAN, NJ 07126
D	GUSTAVO BERDINAS	801 BELCREE AVE, STE 900	MIAMI, FL 33131
S	NANCY PETLISKI	4228 CENTRAL SARASOTA 1011 SARASOTA, FL	SARASOTA, FL 34238
P	H. Scott Seltzer	225 GOLDBONS CORNER RD. SUITE 29	MANALAPAN, NJ 07126

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12/22/04--01061--006 **900.00

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:

[Handwritten Signature], CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN STOLZ

12/21/04 888 291 6476

Date

Daytime Phone #

CR2E081 (01/04)