

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO20000 21264

1. Corporation Name

One Source Telecon Group, Inc

REINSTATEMENT 03

700023643327
10/08/03--01031--015 **750.00

2. Principal Office Address

6416 NW 5th Way
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

FL 33309

Zip

33309

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/2002

5. FEI Number

753011903

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

33309

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

10/7/03

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
Pres	Cecilia Parrs	6416 NW 5 th Way	FtLad FL 33309
V.P.	Paul Burton	6416 NW 5 th Way	FtLad FL 33309
V.P.	Matthew Burrell	6416 NW 5 th Way	FtLad FL 33309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03 954
6896630

Daytime Phone #

CR2E081 (10/02)

10/14