PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT	12			Secretary				· 451	† † † IAR ON OF (LEL Y OF 51 CORPOR,	Ars ATIOn		
DOCUMENT # P02000025628 1. Corporation Name								04 JUN 18 AM 11:59						
GENIUS VOICE TELECOM., INC.								reins	TA	TEW	ENT.	03-	04	
		ess River f	Boad	3. Mailing Office Address 130 Spanish River Road Suite, Apt. #, etc.				- Ef						
M/A				N/A				4. Date Incorporated or Qualified To Do Business in Florida March 4, 2002						
City & State	Boca Raton, Florida			Boca Raton, Florida				5. FEI Number Applied For						
Zip	MOCTO	Country	n du	Zip		Country	<u></u>	6. 20.76				Not Appl		
33432	ર	U.S.A		3343	١. ١	U.S.A.		CERTIFICATE	OF STATU	IS DESIRED [ertificate of S		
	Alama			7. t	Name and Ad	Idress of Cui	rrent Register	red Agent						
	G. Michael Marra											,		
	Street Address (P.O. Box Number is Not Acceptable)											ı	,	
	Suite, Apl		<u> </u>	EL PIOC			 							
	City								State	Zip Code	<u> </u>			
	Box	a Rate	<u> </u>				•		FL	334	3 2			
8. 1, being	appointed th	e registered as	gent of the abor	ve named corpo	oration, am fa	miliar with an	d accept the o	bligations of secti	on 607.05	05 or 617.05 کر میر	603, F.S.		- Office Federal	
	Signature of Registered Agent PEGISTERED AGENT MUST SIGN								Date 6/15/2004 1					
REGISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)													`	
. Titles	and Street A	Na	me of	VOI Director (Fi	Street Address of Each				City / State / Zip					
rides	Officers and/or Directors				Officer and/or Director				<u> </u>	·	119701218721	<u> </u>		
Ą	G.M	lichae	el Ma	rra	1130 S	panish	River	Road	Boc	<u>a Rato</u>	n, FL	. 334	32	
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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 filling 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.													fees	
				ALL	r . 1				//	10/	2000	1.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								,	Date /	<u> </u>	Daytime F	hone #	-	