PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # PO2000031288

1. Corporation Name

INTELLICOMM, INC

500068110415
03/20/06--01025--003 **1208.75
REINSTATEMENT 03-06

2. Principal Office Address 5100 WEST COPANS RD	3. Mailing Office Address 5100 WEST COPANS RD
Suite, Apt. #, etc. 810	Suite, Apt. #, etc. 810

City & State MARGATE , FL	City & State MARGATE , FL

Zip 33063	Country USA	Zip 33063	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/21/2002

5. FEI Number 03-0455570 | 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 HECTOR SIMON

Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COPANS RD

Suite, Apt. #, Etc. 810

City MARGATE	State FL	Zip Code 33063

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 _____ REGISTERED AGENT MUST SIGN   Date 3/5/06

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	DAVID JUDOVITS	5100 WEST COPANS RD #810	MARGATE, FL 33063

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: _____David Judovits_____ 3/5/06 9547271720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)