PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT			RTMENT OF ary of State	ı		EC 24 A				
DOCUMENT # P020000 50704 1. Corporation Name											
CENTRAL FLORIDA FIBER OPTICS, INC.						REIN	STATE	MEN	1 0	3	
2. Principa	Office Address		3. Mailing Office Address			10	10025	57386 04024	21	7	
263	4 LITTLE +	HILL COVE	2634 LITTLE HILL COVE			12/24	./03010	04024	**!bb.	12	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				=				
106			106			4. Date Incorporated or Qualified To Do Business in Florida 5-8-02					
City & State			City & State			5. FEI Number Applied For					
OVIEDO, FL			OVIENO FL			Applied For Not Applied For Not Applied For					
Zip	Count	ry	Zip	Country				RED 38.75 A	Additional F	ee required	
327	65 L	ASL	32765_	USA		CERTIFICATE	OF STATUS DES	for a	Certificate	of Status	
7. Name and Address of Current Registered Agent											
Name											
Street Address (P.O. Box Number is Not Acceptable)											
2634 LITTLE HILL COVE											
Suite, Apt. #, Etc.											
	106						, , ,_ ₁				
	City						State Zip	Code 32765	1	-	
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 Agent Date 12-15-03											
Signature of Registered Agent Agent Date 12-15-03											
REGISTERED AGENT MUST SIGN											
9. Names	and Street Addresse	s of Each Officer and	or Director (Florida non	profit corporations	must list at le	ast 3 directors)					
Titles	Office	Name of ers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
٥	BLANCA	R F164	ERON 26	34 LITTLE	HILL	cove #106	OVIED	0 / FL /	327	<u> </u>	
P	ANGEZ L.	FIGUEROA	TR. 263	14 LITTLE	HILL O	OVE # 106	OVIEDO	5/FL/	<u>32765</u>		
<u>v</u> .	KENNETH	R OLS	N 108	OS TEA	OLIVE	LANÉ	BOLA	LATON /	FL/ 3	3458	
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. SIGNATURE: Appl. Trusteed ANGEL L. FIGUEROA 38. 12/15/03 407-948-6876											
SIGNATURE: AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

~ 'Central Florida Fiber Optics, Inc.

2634 Little Hill Cove #106 Oviedo, FL 32765 407-678-4248

E-MAIL: CFfiberoptics@aol.com

December 16, 2003

To Whom It May Concern:

I am writing this letter to reinstate my corporation. Its status is inactive due to not filing an annual report. I did not receive any of the forms to do the annual report. I am including a corporation reinstatement form with this letter and a check of \$158.75, (\$150.00 for reinstatement fee due to not getting a form and \$8.75 for a certificate of status). If there are any questions on this matter or if I need to do anything else to get this process please give me a call at my daytime number, 407-948-6876.

Respectfully,

Angel L. Figueroa 34

Director