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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 16 PM 3:51

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000074823

REINSTATEMENT July 18, 2002 03-04

1. Corporation Name
East Coast Voice and Data Systems, Inc.
8 Pine tree Circle

2. Principal Office Address
8 Pinetree circle
Suite, Apt. #, etc.
City & State: Tequesta Florida
Zip: 33469 Country: Palm Beach

3. Mailing Office Address
P.O. Box 1081
Suite, Apt. #, etc.
City & State: Hobe Sound, Florida
Zip: 33475 Country: Martin County

4. Date Incorporated or Qualified To Do Business in Florida: July 18, 2002

5. FEI Number: 54 208 0084 — 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: Michael Prinz 03/16/04 01022 006 315.00
Street Address (P.O. Box Number is Not Acceptable): 8 Pinetree Circle
Suite, Apt. #, Etc.
City: Tequesta State: FL Zip Code: 33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Signature of Registered Agent: Michael Prinz
REGISTERED AGENT MUST SIGN
Date: 3-12-04

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
President	Michael Prinz	8 pinetree circle	Tequesta, Fl 33469

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: Michael Prinz Michael Prinz 3/12/04 561-743-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Per Pat Bailey

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EAST COAST
Voice & Data Systems, Inc.

March 13, 2004

Florida Department of State
Division of Corporation
O. Box 6327
allahassee, Fl 32399

To Whom it may concern,

My name is Michael Prinz and I am President of East Coast Voice and Data Systems, Inc. I wanted to tell you that I had a heart attack back in September and I have been recouping for the past 6 months. I was not able to get the reinstatement back in time so my company was De-instated. I can send you proof or I can give you my attorneys name who is aware of my situation if need be. I am sorry for any convenience this may have caused. Please Re-instate East Coast Voice and Data Systems, Inc. as soon as possible.

Sincerely,
Michael Prinz
East Coast Voice and Data Systems, Inc.

PO Box 1081 • Hobe Sound, FL 33475 • Main: 561-743-3554 • Fax: 561-743-3559 • Cell: 954-410-8927