PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # P02000120249 1. Corporation Name TELEPHONE GIANT, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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,	al Office Adam	Ĭ	3. Mailing Office Address				.90)OO:	3 454 11013(114	9.		
	26 E.						U4723	/1]4[11013(J18 **	300.	00	
Suite, Apt. #	, etc.	Suite, Apt.	Suite, Apt. #, etc.										
			·	•				4. Date Incorporated or Qualified To Do Business in Florida 11/12/02					
City & State)	City & State	City & State										
TAT 4 1	ntor C	00	Ocoee, Fl.				5. FEI Numb					lied For	
Zip	nter C	arden, F1 Country	Zip	oee,	Country			57-11	70952	16		Not A	Applicable
34787		USA	347	61	1			6. CERTIFICAT	E OF STATE	S8.75 Additional Fee requirements of Status			
34	707	ODA			<u> </u>	of Current Rec	لمب					- Incate	or states
Name Albert G. Beye Jr. Street Address (P.O. Box Number is Not Acceptable) L1.26 E. Plant Street Suite Apt. # Enc. City Winter Garden, L. State FL 34787 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 CULAT LBAYLE. PROSTERED AGENT MUST SIGN											CR2E081 (01/04)		
													
9. Names	and Street'A	ddresses of Each Office		st 3 directors)		y -		· ·					
Titles		Name of Officers and/or Dire	ctors			reet Address of ficer and/or Di			1	Cit	y / State / Zip	•	
РТ	Ālbe	ert G. Bey	e Jr.	112	6 E.	Plant	St	reet '	Wir	nterGa	rden,	- F1	. 34787
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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. SIGNATURE: Object 67.694-5270 SIGNATURE: Date Date Daytime Phone #													
		IGNATURE AND TYPED C	OR PRINTED NAME O	F SIGNING OF	-FICER OR	DIRECTOR			Date		Daytime Ph	none#	MU