

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 28 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000046588

1. Corporation Name

Mirage Telecom, Inc

2. Principal Office Address  
17011 Beach Blvd.

3. Mailing Office Address  
17011 Beach Blvd.

Suite, Apt. #, etc.  
Suite #550

Suite, Apt. #, etc.  
Suite #550

City & State  
Huntington Beach, CA

City & State  
Huntington Beach, CA

Zip  
92647

Country  
USA

Zip  
92647

Country  
USA

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida April 25, 2003

5. FEL Number  
42-1590731

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  
Faisal Alsawaf

Street Address (P.O. Box Number is Not Acceptable)  
11753 W. Atlantic Blvd.

Suite, Apt. #, Etc.  
#3

City  
Coral Springs

State  
FL

Zip Code  
33071

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 3-27-06

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
CEO	Faisal Alsawaf	20932 Sandbar Lane #201	Huntington Beach, CA 92648
CFO	Moataz Jarideh	13668 Silver Stirrup Drive	Corona, CA 92883

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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 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 contained in Chapter 119, 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:

Faisal Alsawaf

3-27-06

714-474-6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #