

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                 |  |   |                                   |  |
|---|---------------------------------|--|---|-----------------------------------|--|
| <b>DOCUMENT # P03000091563</b><br>1. Entity Name<br><b>HIGHWAY TELECOM, INC.</b>  |                                 |  |   |                                   |  |
| Principal Place of Business<br><b>7770 WILLIAMS AVE<br/>SARASOTA, FL 34231</b>  |                                 | Mailing Address<br><b>7770 WILLIAMS AVE<br/>SARASOTA, FL 34231</b> |   |                                   |  |
| 2. Principal Place of Business<br><b>909 TUPELO ST.</b>   |                                 | 3. Mailing Address<br><b>P.O. Box 625</b>                          |   |                                   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |   |                                   |  |
| City & State<br><b>WEWAHITCHKA, FL</b>  |                                 | City & State<br><b>WEWAHITCHKA, FL</b>                             |   | 4. FEI Number<br><b>542122925</b> |  |
| Zip<br><b>32465</b>   |                                 | Country<br><b>USA</b>  |   | Not Applicable                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | \$8.75 Additional Fee Required                                     |   |                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CASWELL, CHRIS<br/>2364 FRUITVILLE RD<br/>SARASOTA, FL 34237</b>  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                                 |  |   |                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |  |   |                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>  |                                 |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                   |  |
| TITLE<br><b>D</b>   | NAME<br><b>SLATER, ROBERT F</b> |  | TITLE<br><b>D</b>   |                                   |  |
| STREET ADDRESS<br><b>7770 WILLIAMS AVE</b>  |                                 | NAME<br><b>SLATER, ROBERT F</b>                                    |   |                                   |  |
| CITY-ST-ZIP<br><b>SARASOTA, FL 34231</b>  |                                 | STREET ADDRESS<br><b>909 TUPELO ST.</b>                            |   |                                   |  |
| CITY-ST-ZIP<br><b>SARASOTA, FL 34231</b>  |                                 | CITY-ST-ZIP<br><b>WEWAHITCHKA, FL 32465</b>                        |   |                                   |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                 |  |   |                                   |  |
| SIGNATURE:  |                                 | <b>ROBERT SLATER</b>   |   | 11-15-04                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 | Date   |   | (850)639-4600                     |  |

REINSTATEMENT

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