PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 20 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P03000095684

1. Corporation Name

Instant Communications, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
154 NE 38TH STREET	P.O. Box 11683
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Fort Lauderdale, FL
Zip: 33334 Country:	Zip: 33339 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 09/02/2003

5. FEI Number: 77-0672613 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Anthony LiCausi — Anthony LiCausi, Vice President — Date: 3-20-07

REGISTERED AGENT MUST SIGN

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
PTD	Bob Reilly	P.O. Box 11683	Fort Lauderdale, FL 33339
VPSD	Jaime Quail	P.O. Box 11683	Fort Lauderdale, FL 33339

3/23/07

REINSTATEMENT 04-07

10. I verify that I am an officer or director of the profit or nonprofit corporation 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: Bob Reilly — Bob Reilly — 3/19/07 — (4047) 680-2412

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

Attn: Tyrone Scott
Please refile + backdate
3/20/07

CORPORATION REINSTATEMENT

INSTANT COMMUNICATIONS, INC.

Address added

Certificate of Status	1
Certified Copy	0
Page Count	02 3
Estimated Charge	$1,208.75

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