

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 10 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000111903

1. Entity Name  
PUSH TO TALK 2, INC.



Principal Place of Business

7558 NOLTON WAY  
ORLANDO, FL 32822

Mailing Address

7558 NOLTON WAY  
ORLANDO, FL 32822

2. Principal Place of Business

10601 US H/WAY 441

3. Mailing Address

10601 US H/WAY 441

Suite, Apt. #, etc.

Suite - A8

Suite, Apt. #, etc.

A8

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34788

Country

USA

Zip

34788

Country

USA

04272005

REIN-P

CR2E098 (6/04)

MRD

4. FEI Number

02-0728119

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORO, WILLIAM M  
7558 NOLTON WAY  
ORLANDO, FL FL

7. Name and Address of New Registered Agent

Name

ROBER A. ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

245 Briar Bay Circle

City

ORLANDO

FL

Zip Code

32825

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

ROBER A. ALVAREZ

4/27/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TORO, WILLIAM M	
STREET ADDRESS	7558 NOLTON WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President.	
STREET ADDRESS	ROBER A. ALVAREZ	
CITY-ST-ZIP	245 Briar Bay Circle - ORLANDO FL 32825	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN TORO	
STREET ADDRESS	10913 AUTUMN SONG CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

04-05

800055200538

05/24/05--01076--006 \*\*150.00

800055200538

05/24/05--01076--007 \*\*158.75

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:

ROBER A. ALVAREZ

4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #