


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W0800002529H

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 9:05

DOCUMENT # *P04000060407*

1. Corporation Name

INTERNATIONAL VOIP TECHNOLOGIES INC

REINSTATEMENT

06-08

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

4040 SHERIDAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD, FL 33021

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2004

5. FEI Number

20-0962391

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANGELINA M. SPOTO

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

4040 SHERIDAN STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

☒ 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

Angelina M. Spoto
REGISTERED AGENT MUST SIGN

Date

5/10/08

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
<i>P/D</i>	<i>Rudolph McGlashan</i>	<i>4040 SHERIDAN STREET</i>	<i>HOLLYWOOD, FL 33021</i>
<i>T</i>	<i>ANGELINA SPOTO</i>	<i>4040 SHERIDAN STREET</i>	<i>HOLLYWOOD, FL 33021</i>

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*06/05/08--01013--014 **220.00*

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:

Angelina M. Spoto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/08

Daytime Phone #

305-603-4408

6/20