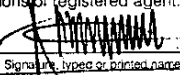



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000133204 1. Entity Name AMT TELECOM, INC.			FILED 07 SEP 24 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3601 SW 117 AVE. 102 MIAMI, FL 33175		Mailing Address 3601 SW 117 AVE. 102 MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 14907 SW 80 St. Suite, Apt. #, etc. Suite 219		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami Florida		City & State	
Zip 33193	Country USA	Zip Country	4. FEI Number 20-1673189
6. Name and Address of Current Registered Agent ALVARADO, CARLOS 3601 SW 117 AVE. 102 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name <u>Alvarado, Carlos</u> Street Address (P.O. Box Number is Not Acceptable) <u>14907 SW 80 St. Suite 219</u> City <u>Miami</u> FL Zip Code <u>33193</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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:  DATE: <u>9/04/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete NAME: ALVARADO, CARLOS STREET ADDRESS: 3601 SW 117 AVE. SUITE #102 CITY-ST-ZIP: MIAMI, FL 33175	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>14907 SW 80 St Suite 219</u> STREET ADDRESS: <u>Miami Florida 33193</u> CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>400109827064</u> STREET ADDRESS: <u>09/24/07--01048--017 **300.00</u> CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>9/24/06</u> STREET ADDRESS: <u>MIAMI, FL 33175</u> CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete 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:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete 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:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <u>9/04/2007</u> Daytime Phone: #	


REINSTATEMENT 06-07
 09042007 REIN-01 0924098 (1/07)