


2005 FOR PROEIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153502		
1. Entity Name FIVE STAR TELECOM OF FLORIDA, INC.		

Principal Place of Business 143 WINDWARD CAY PORT OF THE ISLES NAPLES, FL 34114	Mailing Address 143 WINDWARD CAY PORT OF THE ISLES NAPLES, FL 34114
---	---

2. Principal Place of Business 731 Lime Terrace	3. Mailing Address 731 Lime Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marco Island FL	City & State Marco Island FL
Zip 34145	Zip 34145
Country	Country

6. Name and Address of Current Registered Agent WEBSTER, RONALD S 9875 N. COLLIER BLVD. ROYAL PALM MALL MARCO ISLAND, FL 34145	
--	--

7. Name and Address of New Registered Agent

Name

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

City

FL 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 _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY - ST - ZIP	P MOREY, STEVEN R 443 WINDWARD CAY, PORT OF THE ISLES NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 731 Lime Terrace marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOREY, CHERYL L 143 WINDWARD CAY, PORT OF THE ISLES NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 731 Lime Terrace marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060309333 10/06/05--01063--005 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven R. Morey President	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED
05 OCT -6 AM 9:25
TALLAHASSEE, FLORIDA
REINSTATEMENT
05
05
05