


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080418			
1. Entity Name N & H VOIP INT'L, CORP			
Principal Place of Business 1943 NE 147 ST N MIAMI, FL 33181		Mailing Address PO BOX 640964 N MIAMI BCH, FL 33164	
2. Principal Place of Business 344 N.E. 167 ST.		3. Mailing Address 344 N.E. 167 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State No. MIAMI BCH FL		City & State No. MIAMI BCH FL	
Zip 33162		Country U.S.A.	
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Zip 33162		Country U.S.A.	

FILED
06 OCT 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202006	REIN-P	CR2E098 (11/05)	06
4. FEI Number 43-2083245			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name FERDE PELTZ Street Address (P.O. Box Number is Not Acceptable) 344 N.E. 167 STREET City No. MIAMI BEACH FL Zip Code 33162	
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 <i>Ferde Peltz</i>		DATE 10/16/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGNU, NISSIM 1943 NE 147 ST N MIAMI, FL 33181 <input checked="" 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	DS ACCO, VICTOR 1943 NE 147 ST N MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/10/06 90025 026 \$150.00 <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	PSD FERDE PELTZ 344 N.E. 167 ST. NO. MIAMI BCH, FL 33162 <input type="checkbox"/> Change <input checked="" 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
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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 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, without other like empowered.

SIGNATURE: *Ferde Peltz, Pres.* 10/16/06 (305) 944-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #