

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 AR
CORPORATION
REINSTATEMENT
SP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000138056

1. Corporation Name

IAMVOIP, INC.

FILED

07 DEC -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 102 NE 2ND STREET		3. Mailing Office Address 4421 Edward Ave	
Suite, Apt. #, etc. #394		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State Las Vegas NV	
Zip 33432	Country USA	Zip 89108	Country USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/2006

5. FEI Number ☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Eunice Gallets	
Street Address (P.O. Box Number is Not Acceptable) 2825 SW 22nd Ave.	
Suite, Apt. #, Etc. Ste. 105	
City Delray Beach	State FL
Zip Code 33445	

☒ 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

Eunice Gallets

Date 11/12/07

REGISTERED AGENT MUST SIGN

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
PD	CHRISTENSEN, BLAKE	PO BOX 700885	MIAMI FL 33170
TD	TOHA, MARTIN	102 NE 2ND STREET #394	BOCA RATON FL 33432
SD	COOPER, JOHN O	102 NE 2ND STREET #394	BOCA RATON FL 33432

000112510970
11/21/07-01044-004 **150.00

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:

Martin Toha

Martin Toha TD

11/12/07 702-940-9845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #