PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

= '	PORATI			s	DEPART Secretary	of S		11		AM 10: 48		
DOCUMENT # P10000095479 1. Corporation Name								SE TA	ECKÉTAKT Ú: LLAHASSEE,	FLORIDA		
CLEVELAND TELECOMMUNICATIONS CORPORATION												
Principal Office Address - No P.O. Box # 1221 Brickell Avenue				f	3. Mailing Office Address 1221 Brickell Avenue				CPORORI	(11 /10)		
Suite, Apt. #, etc. Suite 2660				Suite, Apt. #, etc. Suite 2660				4. Date Incorporated or Qualified To Do Business in Florida 11/22/2010				
city & State Miami, Florida				City & State Miami, I	City & State Miami, Florida				5. FEI Number Applied For Not Applicable			
zip 33131	31 USA			^{Zip} 33131		Count	•	6. CERTIFICAT	6. CENTIFICATE OF STATUS DESIRED \$3.75 Additional Fee r			
7. Name and Address of Current Registered Agent												
Ronald T. Bevans, Jr.												
Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue												
Suite, Apt. #, Etc. Suite 2660								1 ,00	000213874280 11/01/1101029004 **750.00			
City Miami						State Zip Code FL 33131			1101023	1004 ##13	-0.00	
8. I, being appointed the registered agent of the above named corporation, argumiliar with and accept the of Signature of Registered Agent								Date 10/26/2011				
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le												
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo				City / State / Zip			
Р	Ronald T. Bevans, Jr.				1221 Brickell Avenu			ue # 2660	Miami,	Florida	33131	
	EINSTATEM No. 11 15											
	11/2/11											
^{10.} E-ma	il Addres	s: rtb	evans@beva	nslaw.com	17-	ha usar	for future annual repe	ort potification!				
reinstat owed b if made	ement applica y the corporati under oath, I	tion, the ion have	reason for dissol been paid: I furth	ution has been elimer certify, the information	mpowered ninated, the mation indic	to exectorrectors	ute this application a te name satisfies the this application is tru Department of State	is provided for in che requirements of si ue and accurate, an constitutes a third	ection 607.0401 or 6 nd my signature shal degree felony as pro	517.0401, F.S., ar If have the same l ovided for in s.81	nd that all fees legal effect as 7,155, F,S,	
SIGNA	TURE:		SIGNATURE AI	ID TYPED OR PRINT	T. ED NAME &	SIGNII	NG OFFICER OR DIRE	CTOR	서 U/ZO/ZU Date	· ·	-374-7535 Daytime Phone #	