	FLEASE READ	ALL IIXO	<u>LUOC LIONS</u>	<u> </u>	<u> </u>	ING THIS FURIVI.	
APPLICATION FLORIDA DEPARTMENT OF STATE					:		
71	197 <b>I</b>	<u>)</u>	Sandra B. Mor				
1	FOR	劃					
RFIN	Secretary of State				FILED		
1 12-11 1	O I A LIVIE V		NVISION OF CORPO	RATIONS			
DOCUMENT ! OUT : CI					7 97	JAN -5 AM 9:08	
DOCUMENT #17/15/4							
1. Corporation Name					320	RETARI OF STATE	
					TALL	RETANT OF STATE LAHASSEE, FLORIDA	
Teletimer International, Inc.						and a say in a simple	
Principal Place of Business Mailing Address					1		
5320 Eagle Lake Drive					!	C/A	
Palm Beach Gardens, FL 33410						- TEMENUS-ON	
					TEMP	TATEMENTSON	
If above a	ddresses are incorrect in any way, line thr	ough incorrect h	nformation and enter	correction below.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>y</i> -	
			New Mailing Address, If Applicable		DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified		
						To Do Business in Florida	
Suite, Apt. :	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			November 17, 1986	
60v. 8. 644		Oin G Danis			5. FEI Number Applied For		
City & State	Elipinalisa ay peringan	City & State	City & State		-68-0086777 Not Applicable		
Zip	Country	Ζip	Countr	y ———	D. CERTIFICATI	OF STATUS DESIRED XX S8.75 Additional Fee required	
					OETHI IOATE	for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Fig	orida nonprofit corpora	itions must list at lea	ast 3 directors)		
	Name of Officers			eet Address of Each			
Title(s) 1	and/or Directors			ficer and/or Director se Post Office Box N		City / State / Zip	
P;D	Bruce Bachtel		.5320 Eagle	e Lake Driv	٧e	Palm Beach Gardens, FL 33410	
: •		<del></del>	lo/o Elorsi	o Florida Atlantic University			
S,T,D Fred Hoffman			1			t cy	
			College of Science			Boca Raton, FL 33431	
D Filip Wandenbussche							
			2479 E. Bayshore Roa Suite 706		ad	D-1- 11- 04 0/202	
						Palo Alto, CA 94303	
D	William F. Humphrie	:S		nnedy Blvd.	•		
		Suite 200			Tampa, FL 33606		
į			Į		2	000020518229	
	<u> </u>		-			-91/09/97×01012010	
7	-					101.67E**** UCI, di CI ******	
1			ŀ			1071101	
	8. Name and Address of Current I	Parietared And	int	<u> </u>	G. Name and A	ddress of New Bonistared Agent	
Name					Name and Address of New Registered Agent		
					Rosenbach	. Esc.	
70 - 7-T-	T December To			Street Address (P	O. Box Number is Not Acceptable)		
Robert J. Brown, Jr. 500 S. Au					stralian Avenue		
Suite, Apt. #, Etc.							
Boca Raton, FL 33487-6987							
City West Palm							
Signature of Registered Agent						Date 12/17/96	
		GISTERED AG	ENT MUST SIGN			Date	
11. Does this corporation pay any intangible tax to the							
DO	pt. of Revenue under S.	. ny many 190 nao	Florida Stati	e ites, Yes[	No⊠	(See other side for Information	
De	pa or revenue under o.	100.002,	י וטוועם טומונ	100 L	140 <del>£</del> 7	on intangible tax.)	
						· · · · · · · · · · · · · · · · · · ·	
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I applied that I am an effect of directors and incompliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this felinstatement application the reason for dissolution has been eliminated the comparate pages satisfies the requirements of section 607 or 617, F.S. I further certify that when filling this felinstatement application the reason for dissolution has been eliminated the comparate pages satisfies the requirements of section 607 or 617, M.O. or 617,							
0.05 (0)10	caracement ennucation the reason introless	TOTAL PART THE PARTY	o womenated the com	viruio namie satistic	e tha roatlifamen	to or greated with that it are wall by an in the first of the	

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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.