

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/3

FILED

15 AUG 21 PM 12:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34006

1. Corporation Name

Protel Services, Inc.

2. Principal Office Address - No P.O. Box #

729 East Pratt Street

3. Mailing Office Address

729 East Pratt Street

Suite, Apt. #, etc.

Suite 440

Suite, Apt. #, etc.

Suite 440

City & State

Baltimore

City & State

Baltimore

Zip

MD

Country

USA

Zip

21202

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified To Do Business in Florida

05/13/1991

5. FEI Number

75-2217248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

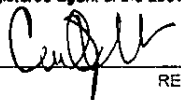
Zip Code

32301

000275520250

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:



Courtney Williams
Asst. Vice President

Date

07.28.15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

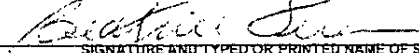
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached		
REINSTATEMENT 0615			
AUG 24 2015			
L. SELLERS			

10. E-mail Address: l.sellera@midatlantibbb.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

 Beatrice Vereen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/15

410727 8052

DATE

Daytime PHONE #

812

2013

Protel Services, Inc.
Officer/Director

Name: Willie Vereen
Title: President/CEO/Director
Address: 729 East Pratt Street, Suite 440, Baltimore, MD 21202

Name: Beatrice Vereen
Title: Secretary/Treasurer/Director
Address: 729 East Pratt Street, Suite 440, Baltimore, MD 21202

Name: Robert Steffen
Title: Assistant Secretary
Address: 729 East Pratt Street, Suite 440, Baltimore, MD 21202

Name: Stanley Tucker
Title: Director
Address: 729 East Pratt Street, Suite 440, Baltimore, MD 21202

30/3

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 580122 8017430

AUTHORIZATION :

Spud Clement

COST LIMIT : \$ 2,100.00

ORDER DATE : April 7, 2015

ORDER TIME : 3:24 PM

ORDER NO. : 580122-250

CUSTOMER NO: 8017430

REINSTATEMENT

NAME: PROTEL SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 15 JUL 28 PM 4:17
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING