PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -7 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004690201--0
-11/21/01--01015--008
****750.00 ****750.00

DOCUMENT # P35381

1. Corporation Name
T-One, Inc. d/b/a T-One Telecommunications, Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
2300 West Park Place Blvd	2300 West Park Place Blvd
Suite, Apt. #, etc.: 146	Suite, Apt. #, etc.: 146
City & State: Stone Mtn, GA	City & State: Stone Mtn, GA
Zip: 30087 Country: USA	Zip: 30087 Country: USA

4. – Date Incorporated or Qualified To Do Business in Florida 09/04/1991

5. FEI Number 581625860 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: CT CorporationSystem

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: JENNIFER FAULKMAN ASSISTANT SECRETARY Date: 11.01.2001

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
Pres	Charles A. Owens	8299 Odyssey Dr.	Manlius, NY 13104
~~Pres~~	~~Cammarata, Michael A~~	~~2111 Hidden Mill Run~~	~~Snellville GA~~
~~V~~	~~Brown, Dennis M~~	~~329 Quail Creek~~	~~Monroe GA 30655~~
~~VP~~	~~Brown, Mark G~~	~~349 Quail Creek~~	~~Monroe GA 30655~~
Asst. Sec.	Pickering, Donna	2300 West Park Place Blvd, #146	Stone Mountain GA 30087

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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE: Donna Pickering Donna Pickering, Asst. Secretary 10/26/01 770-413-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 10/03/01 C T System Online

CT CORPORATION SYSTEM

CORPORATION(S) NAME

(1)T-One, Inc.c

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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DIVISION OF CORPORATION

Name Availability ____
Document Examiner ____
Updater ____
Verifier ____
W.P. Verifier ____

11/7/01

File 2nd

Order#: 4880228

Ref#: ____

Amount: $____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615