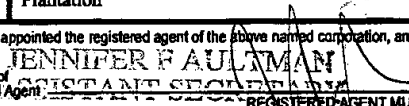


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CT-ATLANTA, TEAM3

404 888 7795 P.01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P35381 1. Corporation Name T-One, Inc. d/b/a T-One Telecommunications, Inc. REINSTATEMENT 2001			
2. Principal Office Address 2300 West Park Place Blvd.		3. Mailing Office Address 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		☒ 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 FAULSTICH REGISTERED AGENT MUST SIGN 11. 01. 2001			
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.	Marietta, NY 13104
	Cammarata, Michael A	2111 Hidden Mill Run	Suettville 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, Asst. Secretary 10/26/01 770-413-3025 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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CT CORPORATION SYSTEM

CORPORATION(S) NAME

(1)T-One, Inc.c

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

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 DIVISION OF CORPORATION

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

11/7/01

Order#: 4880228

Ref#: _____

Amount: \$ _____

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