PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 MAY -2 PH 2: 39 SECRETARY OF STATE		
DOCUMENT # 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
SYDTEL 2. Principal Office Address 1749 E. HA!/ANDA(6 BCH, BLV Suite, Apt. #, etc.	CORP. PG 2 0 000 1 2647 3. Mailing Office Address 1749 E. Hallandale BCH. BLVD Suite, Apt. #, etc.	reinstatement <u>ol-o</u>	72	
#147	#147	4. Date Incorporated or Qualified To Do Business in Florida 1992		
City & State HALLANDALE, FL.	City & State HAIIANDALE, FL,	5. FEI Number Applied	of For	
Zip Country 33009 BROWARD	Zip Country 33009 BROWARD	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of	•	
7. Name and Address of Current Registered Agent				
Name RANCOIS A. RHEAULT Street Address (P.O. Box Number is Not Acceptable) 1511 STILLWATER DR. Suite, Apt. #, Etc. PO0005507710-1 -05/14/0201011012 *****908.75 *****908.75				

8. I, being appointed the registered agent of the anone named corpora	ation am lamiliar with and a cept the obligations of sec	tion 607.0505 or 617.0503, F.S.
Signature of Registered Agent REGISTERED AGE	P. INT MUST SIGN	Date 04-29-02
9. Names and Street Addresses of Each Officer and/or Director (Flori	ida nonprofit corporations must list at least 3 directors)	
		1

Name of Street Address of Each Officer and/or Director City / State / Zip Titles Officers and/or Directors FRANK A. RHEAULT 1511 STILLWATER DR. MIAMI, FL. 33141 126895W 145ST. PEDRO GONZALEZ

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 filling 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 individues listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated gnature shall have the same legal effect as if made under oath. on this application is true and accura

PRES.

SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

City MIAMI

04-29-02

State

FL

Zip Code

33141

305-790-1808 Daytime Phone #

al Fee required ate of Status