## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

SIGNATURE: SWAD

FOR REINSTATEMENT  Katherine Harris Secretary of State Division OF CORPORATIONS											
DOCUMENT # P9400012467						010CT 29 PM 4: 21					
1. Corporation Name											
PHONE PROGRAMS FINANCIAL CORP.						SECRETARY DE STATE TALL'AHASSEE: FLORIDA					
Principal Pla	ace of Busine	ess	Mailing Addr								
STE. 705 40 ELM			C/O PHONE 40 ELMONT ELMONT NY								
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3_New Mailir					orrection below.	4	TATEME				
34 6						corporated or Qualified Business in Florida 02/15/1994					
Suite, Apt. #, etc. Suite Apt. 1			JUN (IL.	6 2-69 5- FEI NO					Applied For	_	
City & State			n woth	M	6.	22-2427656 Not Applicable					
Zip	Country Zip \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			8 Country CERTIFIC			ATE OF STATUS DESIRED \$88.75 Additional Fee required for a Certificate of Status				
	and Street Ad	Name of Officers	/or Director (Flo	<del> </del>	eet Address of Each						
Title(s)	2	and/or Directors		3 Officer and/or Direct			City / State / Zip				
D/T	GOLDMAN, MARK			34 E MM	NST. PMB	269	ELMONT NY 1100		M 11787		
D/Q	FOGEL, BRUCE			34 E MAN ST. PMBV69			ELMONT NY 11003 SMYNTOWN M 11787				
D/5	WEINER, FREDERICK			34 & MAINST. PMB 769			ELMONT NY 11003 SANJUTUW MM 11787				
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					· · · · · ·		6000046915967 -11/21/0101109-001 *****758,75 *****758.75				
									F130.13		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent					
GOI DHAN MARK						O Boy Number	ie Not Acceptable)			CR2E040 (8/01)	
	N. OCEAN E	BLVD.			Street Address (P.O. Box Number is Not Acceptable)					72E0	
APT. 705 BOCA RATON FL 33431					Suite, Apt. #, Etc.					U	
DOON DATON FE SONO!					City State Zip Code				ode		
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am familiar wi	th and accept the ol	bligations of Secti	on 607.0505, F.S.	<u> </u>			
Signature of Registered		Manh	FGISTERED AG	MAGUS ENT MUST SIGN.	18ED		Date	124	6/		
this reins	statement app the corporat	officer or director or the rece plication, the reason for diss ion have been paid and the true and accurate, and my s	iver or trustee er olution has been names of individ	npowered to execute eliminated; the corpo uals listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or (	617.0401, F.S.	, that all fees		
SIGNAT	URE: 2	Marke		HUM?		(	oludos	5617	50 824 <b>0</b>		

Daytime Phone #