PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037744

1. Corporation Name
TELECOMMUNICATION SERVICES USA, INC.

Principal Place of Business	Mailing Address
1 SOUTH A STREET PENSACOLA FL 32501	P.O. BOX 13072 PENSACOLA FL 32591

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 05/19/1994

5. FEI Number 59-3248128 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST'D	BALDWIN, DANIEL J	3615 DURANGO DRIVE	PENSACOLA FL 32504
			400002004114--7
			-11/14/96--01021--018
			****375.00 ****375.00
			96 11-13-96

8. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: AMERILAWYER CHARTERED
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

10. I, being appointed [illegible] of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AMERILAWYER CHARTERED
Signature of Registered Agent By: SIGNATURE REQUIRED Date 12 November 1996
REGISTERED AGENT MUST SIGN
Rosalia Utrera, Vice President

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 if made under oath.

SIGNATURE: SIGNATURE REQUIRED Daniel J. Baldwin 11/5/96 904 477 6773
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)