

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 14 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000070428**

1. Corporation Name

TELECOM NETWORK INC

REINSTATEMENT 98-03

500024698105

11/14/03--01009--018 **1500.00

2. Principal Office Address

1761 W HILLSBORO BLVD #401

3. Mailing Office Address

1761 W HILLSBORO BLVD

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-13-1994

5. FEI Number

650518863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHAN SOILLEUX

Street Address (P.O. Box Number is Not Acceptable)

10 BAYVIEW CT

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33469

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-3-2003

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
President	STEPHAN SOILLEUX	10 BAYVIEW CT	JUPITER FL 33469
Secretary	JOAN SOILLEUX	10 BAYVIEW CT	JUPITER FL 33469

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 if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-2003

Daytime Phone #

CR2E081 (10/02)