PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 DEC -2 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015578

1. Corporation Name
AMPAC TELECOM, INC.

Principal Place of Business	Mailing Address
~~2450 HOLLYWOOD BLVD SUITE 401~~ ~~HOLLYWOOD FL 33020~~	~~2450 HOLLYWOOD BLVD SUITE 401~~ ~~HOLLYWOOD FL 33020~~

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8175 N. UNIVERSITY DR.	PO Box 9199
Suite, Apt. #, etc.: % TELEMATRX	Suite, Apt. #, etc.:
City & State: TAMARAC, FL.	City & State: CORAL SPRINGS FL
Zip: 33319 Country: BROWARD	Zip: 33075 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 02/23/1995

5. FEI Number: 65-0632066 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

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
~~P~~ D	~~FEDER, LAWRENCE H~~ CRITCHFIELD, DAVID	~~2450 HOLLYWOOD BLVD SUITE 401~~ 8175 N University Drive	~~HOLLYWOOD FL 33020~~ Tamarac, FL 33319

300002020763--2
-12/05/96--01027--028
****375.00 ****375.00

REINSTATEMENT 9/4/96 12/2/96

8. Name and Address of Current Registered Agent

FEDER, LAWRENCE H
2450 HOLLYWOOD BLVD SUITE 401
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

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

Signature of Registered Agent: [signature] SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 12/2/96

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.

David J. Critchfield

*SIGNATURE: David J. Critchfield SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/96 Date

954 722 5905 Daytime Phone #

0021748 AP