

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000035649	
1. Corporation Name <b>TEL-AMERICA USA, INC.</b>	

Principal Place of Business <b>1515 S FLAGLER DR #2802 W. PALM BCH. FL 33401 US</b>	Mailing Address <b>1515 S FLAGLER DR #2802 W. PALM BCH. FL 33401 US</b>
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable <b>1515 S. Flagler Dr #2603</b>	3. New Mailing Office Address, If Applicable <b>1515 S. Flagler Dr #2603</b>
City & State <b>W. Palm Bch, FL 33401</b>	City & State <b>W. Palm Bch, FL 33401</b>

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 <b>D MCCALL KANAHELE, GLORIA</b>	Street Address of Each Officer and/or Director 3 <b>1515 S. FLAGLER DR. #2802 #2603</b>	City / State / Zip 4 <b>W. PALM BCH. FL 33401</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>MCCALL KANAHELE, GLORIA 1515 S. FLAGLER DR. #2802 W. PALM BCH. FL 33401</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State

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 <i>Gloria McCall Kanahale</i>	Date <u>11-5-01</u>
REGISTERED AGENT MUST SIGN	

11. 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.	
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SIGNATURE: <i>Gloria McCall Kanahale</i> Gloria McCall Kanahale 11-5-01 561-8328808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

FILED  
01 NOV -9 PM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/02/1995</b>	
5. FEI Number <b>65-0586538</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR2E040 (8/01)