

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
1996 FOR AR
~~REINSTATEMENT~~



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

APPROVED
AND
FILED

1996 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064464

1 Corporation Name

FIRST AMERICAN TELECOMMUNICATION CORP. 3

Principal Place of Business

Mailing Address

2706 N.E. 21ST TER.
FT. LAUDERDALE FL 33306

2706 N.E. 21ST TER.
FT. LAUDERDALE FL 33306



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

4. Date Incorporated or Qualified
To Do Business In Florida

08/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VICE PRES	TERRI GREEN	2706 NE 21 TERRACE Fort Lauderdale FL 33306	Fort Lauderdale FL 33306 300001979353--9 -10/15/96--01219--017 ****225.00 ****225.00 (Reinstatement Fee waived) SCC 10-14-96

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRAGOSLAVIC, SLAVOLJUB
2706 N.E. 21ST TER.
FT. LAUDERDALE FL 33306

Name
TERRI GREEN
Street Address (P.O. Box Number is Not Acceptable)
2706 NE 21 TERRACE
Suite, Apt. #, Etc.
City
Fort Lauderdale
State
FL
Zip Code
33306

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

REGISTERED AGENT MUST SIGN

Date

9/16/96

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/96 9545680837
Date Daytime Phone #

CR20040 (7/96)