PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 OCT -9 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****925.00 ****925.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039673

1. Corporation Name
ePHONE Telecom, Inc.

2. Principal Office Address
1145 Herndon Parkway
Suite, Apt. #, etc.

City & State
Herndon, VA

Zip 20170 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State

Zip County

4. Date Incorporated or Qualified To Do Business in Florida May 3, 1996
Applied For
Not Applicable

5. FEI Number 980420479

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State FL Zip Code 33324

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 Assistant Secretary Date 10 8 01

REGISTERED AGENT MUST SIGN

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
P/D	Carmine Tagliatela, Jr.	10430 Deerfoot Dr.	Great Falls, VA 22066
T/S/D	Charlie Rodriguez	11622 W. Petuna Rd.	Tucson, AZ 85737
C/D	Robert G. Clarke	Flat C2, Bayview Ct. 49 mt. Davis Rd	Hong Kong, China
C/D	John Fraser	104 Elvon Ave	Toronto, Ontario M4W 1P2 Canada
D	Sheldon B. Camins	10220 River Rd	Potomac, MD 20854

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 if 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.

703-787-7006

10/5/01
Date

Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR