

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000070834			
1. Corporation Name TELECOM NETWORK SYSTEM INTERNATIONAL, INC.			
Principal Place of Business 100 N BISCAYNE BLVD #703 MIAMI FL 33132 US		Mailing Address 100 N. BISCAYNE BLVD SUITE 703 MIAMI FL 33132 US	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/26/1996			
5. FEI Number 65-0688233		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	4 City / State / Zip
P	LADOWSKI, LESZEK	100 N BISCAYNE BLVD #703	MIAMI FL
VP	KEYLIKES, ALEKSANDER	100 N BISCAYNE BLVD #703	MIAMI FL
VP/COO	CHRIS KRUSZELNICKI	100 N BISCAYNE BLVD #703	MIAMI, FL
			300004672573--2 -11/08/01--01046--023 ****758.75 ****758.75
			<i>Burb</i>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KEYLIKES, ALEKSANDER 8749 SW 137 AVE MIAMI FL 33183		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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>X</i>		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN	
Date <i>10/17/01</i>			
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.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE REQUIRED 10/16/01 (305)5330404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 1:06



REINSTATEMENT 01

CR2040 (8/01)