


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000070360			
1. Corporation Name Advanced Telecommunication Solutions, inc.			
2. Principal Office Address 600 W. Pine Island rd		3. Mailing Office Address 600 W. Pine Island rd.	
Suite, Apt. #, etc. 450		Suite, Apt. #, etc. #450	
City & State Plantation FL		City & State Plantation FL	
Zip 33324	Country USA	Zip 33324	Country USA

FILED
04 MAR -9 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400030932064
03/23/04--01064--017 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida 8/23/1997	
5. FEI Number 90-0150581	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Michael L Young	
Street Address (P.O. Box Number is Not Acceptable) 600 N. Pine Island rd #450	
Suite, Apt. #, Etc. 450	
City Plantation	State FL Zip Code 33324

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03/23/04--01064--018 **8.75

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 Michael Young	Date 3-11-04
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
Pres.	JAMES Townsend	600 N. Pine Island rd #450	Plantation FL 33324
S	JASON Charlton	600 N. Pine Island rd #450	Plantation FL 33324
D	Christopher Mason	600 N. Pine Island rd #450	Plantation FL 33324
REINSTATEMENT 98-01			

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 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: James Townsend **3-11-04** **786-251-1901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Attn: Tyrone Scott , Reinstatement Section

Re: Advanced Telecommunication Solutions Inc.

**Per Our Conversation on the phone we never received the annual renewal forms:
Please waive the late penalty fee thanks.**

1998,

A handwritten signature in dark ink, appearing to read 'Cory', followed by a long horizontal flourish.

**Thanks
Cory Mason
Advanced Telecommunication Solutions Inc.**