PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION FOR QUAL	FLORIDA DEPARTM Sandra B. M. Secretary of Division of core	ortham f State		ED	
DOCUMENT # P97000093291			98 MON 18 BM 15: UB		
1. Corporation Name BUSINESS TELEPHONE SOLUTIONS, INC.			SECRETAILY OF STATE TAIL AHASSEE, FLORIDA		
BOOMESS TELEPTIONE SOLOTIONS, INC.			TV.	димоот	
Principal Place of Business	Mailing Address		 		
280 SOUTH COUNTY ROAD 427 S UITE 200 - LONGWOOD FL 32750	280 SOUTH COUNTY ROAD 427 SUITE 200				
	LONGWOOD FL 32750)		
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 7 To Do Business in Florida		
Sulte, Apt. #, etc. SUITE 209	te, Apt. #, etc. SUITE 209 SUITE 209		10/30/1997 5. FEI Number Applied For		
City & State LONG WOOD FL	LONG WOOD FL		59-3477375 Not Applicable 6.		
32750 Country 32750 U.S.A.		1.S.A.		OF STATUS DESIRED 6 for a Ce	itional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	S	Street Address of Each Officer and/or Director		City / State / Zig	
P ANDY WORKO 3		Jse Post Office Box Nu		4	
				LONGWOOD, +	
V BILL STEELE 938 SHRIVER		CIRCLE	,	-232/46	
	·		-12/03/9801065024 		
				0.	
T3 11/23/99		1123198	AN LAW		
		1		10-	*
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent					
			CIAM STEELE O. Box Number is Not Acceptable)		
-947 SHRIVER CIRCLE 988 SH LAKE MARY FL 32746 Suite, Apt. #, Etc.				CIRCLE	CR2E040
		City AKF	MNRY	State Zip C	ode_
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 ////////////////////////////////////					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 OF PRINT	TED NAME OF SIGNING OFFICER OR	RED	/	11/17/98 407-8 Date Daylime Phi	8344408 one#

BUSINESS TELEPHONE SOLUTIONS INC.

NOVEMBER 18, 1998

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Florida Department Of State Divisions of Corporations P.O Box 6327 Tallahassee, Florida 32314

RE: #P97000093291 Application For Reinstatement

To whom it may concern,

I am writing this letter to ask that the Reinstatement Fee for Business Telephone Solutions Inc. be waived one time.

Since the mail service to and from my office has been very poor, I did not receive the first notification and would have filled out and returned the proper paperwork for the corporation.

If you have any other questions please feel free to contact me at 407-834-4408.

Bill Steele , Vice President