PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042971

1. Corporation Name
HOSPITALITY TELECOMMUNICATIONS FLORIDA, INC.

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-12/11/00--01027--018
****750.00 ****750.00

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
4496 B Camino de la Plaza	4496 B Camino de La Plaza
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: San Ysidro, California	City & State: San Ysidro, California
Zip: 92173 Country: USA	Zip: 92173 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/12/98

5. FEI Number: 33-0932310 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: Lynette Coleman Lynette Coleman as its agent
REGISTERED AGENT MUST SIGN
Date: 10/6/2000

CR2E081 (9/99)

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
PD	Gregorio Galicot	4496 B Camino de La Plaza	San Ysidro, CA. 92173
SD	Rafael Galicot	4496 B Camino de La Plaza	San Ysidro, CA. 92173
TD	Luis Maizel	401 B Street, Suite 920	San Diego, CA. 92101

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: Rafael Galicot, Secretary 9/29/00 (619) 428-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #