
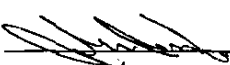



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: inline-block; text-align: center;"><p>CORPORATION REINSTATEMENT</p></div> <div style="display: inline-block; vertical-align: top; padding-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div>		<p>FILED 05 JUL -5 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # 1. Corporation Name P98000057180 Boca Communications Technologies, Inc.			
2. Principal Office Address 5970 SW 18th Street #177 Suite, Apt. #, etc.		3. Mailing Office Address 5970 SW 18th Street #177 Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33433	Country USA	Zip 33433	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 06/26/1998	
		5. FEI Number 65-0883780	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. Name and Address of Current Registered Agent			
Name John Reynolds			
Street Address (P.O. Box Number is Not Acceptable) 5970 SW 18th Street #177			
Suite, Apt. #, Etc.			
City Boca Raton		State FL	Zip Code 33433
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 		Date <u>07/12/05</u>	
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
PST	Roy W. Antoine	5970 SW 18th Street #177	Boca Raton, FL 33433
			400057367454 07/12/05--01075--009 **58.75
			400057367454 07/12/05--01075--010 **1000.00
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: 		Roy W. ANTOINE 20 Jun 2005 866-300-2178	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)