

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR -8 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000000953**

1. Corporation Name  
KINGTEL, INC.

2. Principal Office Address  
P.O. BOX 5416

3. Mailing Office Address  
P.O. BOX 5416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LIGHTHOUSE POINT, FL

City & State  
LIGHTHOUSE POINT, FL

Zip  
33074

Country  
USA

Zip  
33074

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/04/1999

5. FEI Number  
650905282

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent 300032194679  
Name WORKING PIERRE 04/08/04--01015--019 \*\*\*00.00

Street Address (P.O. Box Number is Not Acceptable) 300032194679  
120 East Oakland Park Blvd. 04/08/04--01015--020 \*\*\*1.75

Suite, Apt. #, Etc.

City  
Wilton Manors

State Zip Code  
FL 33334

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

REGISTERED AGENT MUST SIGN

Date 04-01-2004

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
P	PIERRE WORKING	P.O. Box 5416	Lighthouse Point, FL 33074
VP	PIERRE DONALD	P.O. Box 272946	Boca Raton, FL 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-2004

TH

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

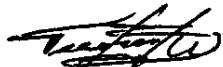
04/01/2004

KingTel, Inc.  
P.O. Box 5416  
Lighthouse Point, Florida 33074

Dear Secretary of State:

This is in reference to the prior uniform business report (UBR). I would like to bring to your awareness that KingTel, Inc. did not receive the uniform business report (UBR) timely for filing. Herein, I've enclosed the appropriate UBR filing fee so that KingTel, Inc. could maintain its active status for the year of 2004. Furthermore, I do intend to follow up with the Division of Corporations on an annually basis so that this imbroglio never occurs in the future.

Sincerely,



Worlking Pierre, MBA  
President