FILED
H02000488179
02 MAR -4 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # 999000014190

1. Corporation Name
XTEL, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
1101 Brickell Ave.	1101 Brickell Ave.
Suite, Apt. #, etc. Suite N505	Suite, Apt. #, etc. Suite N505
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country US	Zip 33131 Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/12/99

5. FEI Number 650916233 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED $ 30.00 Additional Fee required for a Certificate of Status

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

LS

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: Lynette Coleman as its agent Date: 3/4/2002
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
CEO	ORRIOLS, JOE	1101 Brickell Ave., Suite N505	Miami, FL 33131
EVP	CRANS, TOM	1101 Brickell Ave., Suite N505	Miami, FL 33131
D	BORTI, ALDO	1101 Brickell Ave., Suite N505	Miami, FL 33131
D	GORHAM, VINCENT	1101 Brickell Ave., Suite N505	Miami, FL 33131

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: 3/4/02 941 450 5703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2of2

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

JJW

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000048817 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

XTEL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75