


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1992

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000014880

1. Corporation Name
TELEPHONY COMMUNICATIONS GROUP, INC.

FILED
00 DEC 15 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

612 NORTHEAST 14TH AVENUE 612 NORTHEAST 14TH AVENUE
UNIT C UNIT C
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | |
|--|--|--|
| 2. New Principal Office Address, if Applicable <u>710 NE 15th ave</u> | 3. New Mailing Office Address, if Applicable <u>710 NE 15th ave</u> | 4. Date Incorporated or Qualified To Do Business in Florida 02/16/1999 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number 65-0895314 |
| City & State <u>Fort Lauderdale FL, 33304</u> | City & State <u>Fort Lauderdale FL</u> | Applied For Not Applicable |
| Zip <u>33304</u> | Country <u>Broward</u> | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |
| Zip <u>33304</u> | Country <u>US</u> | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|---|
| PTD | MANN, JOHN C | 612 NORTHEAST 14TH AVENUE | FORT LAUDERDALE FL 33304 |
| SVD | PISSONI, MATT | 612 NORTHEAST 14TH AVENUE | FORT LAUDERDALE FL 33304 |
| | | | 900003521349--6 -01/03/01--01025--002 ****150.00 ****150.00 |
| | | | SP |

| | |
|---|--|
| 8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL |
|---|--|

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 [Signature] Date 12/11/00
REGISTERED AGENT MUST SIGN

11. 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] Date 12/11/00 Daytime Phone # 954-661-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

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Please resubmit my business for the \$150 reinstatement fee. This was my first year in business. I was unaware of the annual report, and my business has changed to 710 NE 15th Ave Ft Lauderdale FL, 33304. \$750 cost could not be substantiated given the size of this company. The Florida Department of State notice of Dissolution was the first and only form I received.

Sincerely,


Jon Mann
President
Telephony Communications Group