

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -1 AM 11:44

**DOCUMENT #** P99000051239

**1. Corporation Name**

Optimum Telecommunications Group, Inc.

**2. Principal Office Address**

6550 N. Federal Highway

Suite, Apt. #, etc.

330

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

**3. Mailing Office Address:**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-2-99

**5. FEI Number**

65-0985204

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-01**

**7. Name and Address of Current Registered Agent**

Name

Julie L. Branch

Street Address (P.O. Box Number is Not Acceptable)

6550 N. Federal Highway

Suite, Apt. #, Etc.

330

City

Ft. Lauderdale

100004242351-6

-05/17/01--01076--003

\*\*\*\*900.00 \*\*\*\*900.00

State Zip Code

FL

33308

**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

*Julie L. Branch*

REGISTERED AGENT MUST SIGN

Date Apr 3, 2001

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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/S Julie L. Branch

6550 N. Federal Hwy, #330 Ft. Lauderdale, FL 33308

**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

Apr 3, 2001 (954) 229-7022

Date

Daytime Phone #

CR2E081 (9/00)