


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000065309**

1. Corporation Name

**RITZ TELECOMM INC.**

Principal Place of Business

Mailing Address

5014 GUNN HIGHWAY  
TAMPA FL 33624

5014 GUNN HIGHWAY  
TAMPA FL 33624

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5014 GUNN Hwy

5014 GUNN Hwy

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33624

33624

5. FEI Number

59-3590988

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPT	RITZ, ROBERT	4332 W. WATERS AVENUE SUITE 110	TAMPA FL 33614
PD	MARCUS, JOHN S. <del>MARCUM, JOHN S.</del>	5014 GUNN HWY	TAMPA FL 33624
			400004711274--9 -12/06/01--01034--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUM, JOHN STEPHEN  
5014 GUNN HIGHWAY  
TAMPA FL 33624

Name

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

5014 GUNN HWY

Suite, Apt. #, Etc.

City

Tampa

State

Zip Code

FL

33624

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

REGISTERED AGENT MUST SIGN

Date

11-19-01

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:

John S. Marcum President 11-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #