

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 21 PM 4:19

DOCUMENT # **P99000065309**

1. Corporation Name
RITZ TELECOMM INC.

Principal Place of Business Mailing Address

5014 GUNN HIGHWAY 5014 GUNN HIGHWAY
 TAMPA FL 33624 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. 5016 GUNN Hwy	Suite, Apt. #, etc. 5016 GUNN Hwy	5. FEI Number	59-3590988
City & State TAMPA FL	City & State TAMPA FL	Applied For	Not Applicable
Zip 33624	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VPT	RITZ, ROBERT	4332 W. WATERS AVENUE SUITE 110	TAMPA FL 33614
PD	MARCUS, JOHN S. MARCUM, JOHN S.	5014 GUNN HWY	TAMPA FL 33624
			400004711274--9 -12/06/01--01034--007 ****150.00 ****150.00
			<i>John</i>

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) 5016 GUNN HWY Suite, Apt. #, Etc. City TAMPA State FL Zip Code 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 *John Stephen Marcum* Date *11-19-01*
 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: *John S. Marcum* *John S. Marcum President* *11-19-01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE040 (8/01)