

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 3:28

DOCUMENT # *P 990000 70325*

1. Corporation Name

Two Twenty-Five Telcom Inc.

2. Principal Office Address

1185 Gulf Breeze Pky.

Suite, Apt. #, etc.

3. Mailing Office Address

1185 Gulf Breeze Pky.

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32561

Country

USA

City & State

Gulf Breeze, Florida

Zip

32561

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/99

5. FEI Number

59-3592792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *00-05*

7. Name and Address of Current Registered Agent

Name

PARKS Hillin

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

1185 Gulf Breeze Pky.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

Parks Hillin

REGISTERED AGENT MUST SIGN

Date *12/15/05*

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
<i>P/D</i>	<i>Parks Hillin</i>	<i>1185 Gulf Breeze Pky.</i>	<i>Gulf Breeze, Florida 32561</i>
<i>S/D</i>	<i>Zilla Hillin</i>	<i>1185 Gulf Breeze Pky.</i>	<i>Gulf Breeze, Florida 32561</i>
<i>D</i>	<i>Hutton Hillin</i>	<i>1185 Gulf Breeze Pky.</i>	<i>Gulf Breeze, Florida 32561</i>

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:

Parks Hillin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARKS Hillin

Date

12/15/05

Daytime Phone #

*850
380-7693*

12/23