

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000071413

1. Corporation Name

FLOTEL COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

5951 NW 151 ST, SUITE 36
MIAMI LAKES FL 330145951 NW 151 ST, SUITE 36
MIAMI LAKES FL 33014

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

2. New Principal Office Address, If Applicable

14505 COMMERCIAL WAY

Suite, Apt. #, etc.

SUITE 305, MIAMI LAKES

City & State

MIAMI LAKES, FLORIDA

Zip

33016

Country

USA

3. New Mailing Office Address, If Applicable

14505 COMMERCIAL WAY

Suite, Apt. #, etc.

SUITE 305

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1999

5. FEI Number

65-0973009

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CLAYTON, SANDRA	18911 NW 78 AVE	HALEAH FL 33015
V	UCHE, FELIX EZEAMAMA	13957 LAKE LURE COURT	MIAMI LAKES FL 33014

800025167998
12/02/03--01063--012 **150.00

REINSTATEMENT 03 175

8. Name and Address of Current Registered Agent

CLAYTON, SANDRA
6175 NW 167TH ST, UNIT G32
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Flotel Communications Corporation

**14505 Commercial Way
Suite 305, Miami Lakes
Florida 33016**

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

11/28/2003

Dear Sir,

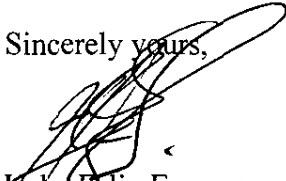
Reinstatement of: Flotel Communications Corporation

I was away overseas attending to business matters since January. On April 18th I sent the document for annual report with payment of \$150.00. Please see attached a certificate issued by the Post Office from which I sent the document.

I returned to Miami on the 22nd November 2003 and met your letter of revocation. Please see attached copies of my boarding pass.

I have completed the application for reinstatement and attached herein a check for \$150.00. Kindly reinstate my company, I do not know why the document that I mailed to you in April was not delivered.

Sincerely yours,



Oche Felix Ezeamama
Flotel Communications Corporation.

Receipt from Post Office in LAGOS

Sign No. 1K4419003 Date of Posting of a registered postal packet
Postal Packet addressed as order upon which a registration Fee of 40k has
been paid in addition to the postage of N. 1K has been registered
and posted here this day.

Handwritten: No. of Corporate Top
Financial Report
P.O. Box 6327
Tampa, FL 33606
Florida 32314-6327
U.S.A.

Postmark: Date Stamp
18 APR 2003
HEAD
ICE