

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

00-02

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -9 PM 4:00

DOCUMENT # P99000071756

1. Corporation Name

CENTRAL COMMUNICATIONS SERVICES, INC.

2. Principal Office Address

633 NE 167 Street

Suite, Apt. #, etc.

901

City & State

~~No. Miami Beach~~

Zip

33162

Country

Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/99

5. FEI Number

65-0941060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

500005308425-2

-04/19/02-01055-015

****450.00 ****450.00

City

Coral Gable

State

FL

Zip Code

33134

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

[Signature]

Date 3/4/02

REGISTERED AGENT MUST SIGN

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
P	ANTHONY JORDAN	2532 N.W. 185th Street	Miami, FL 33169

00-02

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:

ANTHONY JORDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/4/02

Date

(305) 624-8679

Daytime Phone #

CR2E081 (9/00)

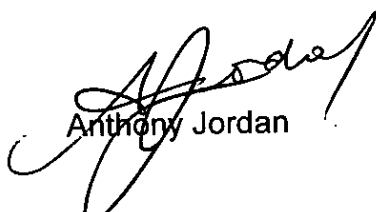
Central Communications
633 NE 167TH St, Ste 901
North Miami Bch, FL 33162
March 28, 2002

Florida Department of State
Corporation Reinstatement
To whom it concern

As per our conversation regarding the reinstatement of the above cited Corporation, we are forwarding to your office \$450.00 due to the fact that we never received the annual report form as we moved from our former address. Please note that first of all we have requested and granted a fee abatement, second of all that our new address is listed above.

Thank you for your cooperation

Sincerely



Anthony Jordan