12/18/2002 11:18 CORPDIRECT → 2050384 NO.542 002

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02 DEC 18 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02

DOCUMENT # P99000072576

1. Corporation Name
Telegraph Consulting Corporation

2. Principal Office Address		3. Mailing Office Address	
4955 Orange Drive		4955 Orange Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davie, Florida		City & State: Davie, Florida	
Zip: 33314	County: Broward	Zip: 33314	County: Broward

4. Date Incorporated or Qualified To Do Business In Florida: 08/13/1999

5. FEI Number: 650945019 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($78.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Scott Lodin

Street Address (P.O. Box Number is Not Acceptable): 4955 Orange Drive

Suite, Apt. #, Etc.:

City: Davie | State: FL | Zip Code: 33314

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	Scott Lodin	4955 Orange Drive	Davie, Florida 33314

10. I certify that I am an officer or director of 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 complies 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 SHAREHOLDER, OFFICER OR DIRECTOR — Date: _____

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12/12

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

TELEGRAPH CONSULTING CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00