PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT		Secreta	RTMENT OF STA ine Harris ary of State corporations		F 02 APR	ILED 16 PM	1: 43				
DOCUMENT # 999000090364						SECRETARY OF STATE ALLAHASSEE, FLORIG!						
Phonexpert Inc						ALLANA	J., 1., 1	1	J.L	3R		
2. Principal Office Address 3. Mailing 803 SW 1444 C4				ess (()	"			1	γ	1-0	\mathcal{V}	
Suite, Apt. #, etc.									, <u> </u>			
			NA				4. Date Incorporated or Qualified To Do Business in Florida					
Pompano Biti Florida P			City & State Pompano Boh	0. 5			5. FEI Number Applied For Not Applicable					
^{Zip} 330	60 Countr	is A	33060	Country		6. CERTIFICAT	E OF STATU	S DESIRED §	\$8.75	Additional Fee	required	
				Address of Current Re	egistered	d Agent						
	Name CORPORATION SERVICE COMPANY											
	Street Address (P.O. Box Number is Not Acceptable)							<u> </u>	/5/			
	Suite, Apt. #, Etc.						<u> </u>					
	CHY TALL AHASSEE						State	Zip Code く) く	<u> </u>	7525		
8. I, being	appointed the register		named corporation, am	والمستقل المستقل المستق	t the oblic	gations of secti		<u> </u>		202)	600	
Signature of Registered Agent Registered Agent REGISTERED AGENT MUST SIGN							Date 41202					
9. Names	and Street Addresses	of Each Officer and/	or Director (Florida nonpr	ofit corporations must lis	st at leas	t 3 directors)	- -	<u> </u>	····			
Titles	Officer	Name of s and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip					
Ceo	Michael	Pagliant	16458	16458 69th St North			Loxahatchee FL 33470					
(Leakener	Frank	Paglianti	431	o 5. Ocean f	T ve		High	and Bcl	n.FL	3348	7	
Director	Gerand	Behan	6466	Amberwood	s D	Nue	воса	Raten	FL	3343)		
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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 filling 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.												
SIGNAT	SIGNATURE: 412 02 954-783-5800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											

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PHONEXPERT INC. 803 SW 14TH COURT POMPANO BEACH, FL 33060 954-783-5800 954-783-7788(FAX)

April 15, 2002

TO WHOM IT MAY CONCERN,

WE WOULD LIKE TO REINSTATE PHONEXPERT INC. AS SOON AS POSSIBLE.

WE DID NOT PAY OUR FEES BECAUSE YOUR OFFICE HAD AN OLD ADDRESS ON FILE AND THEREFORE WE DID NOT RECEIVE ANY NOTIFICATIONS.

PLEASE CHANGE OUR ADDRESS IN YOUR SYSTEM TO THE ABOVE ADDRESS SO THAT WE CAN RECEIVE ALL FUTURE NOTIFICATIONS

IT IS ALSO OUR UNDERSTANDING AS PER YOUR OFFICE THAT SINCE WE DID NOT RECEIVE OUR NOTIFICATIONS WE WOULD NOT BE RESPONSIBLE FOR LATE FEES AND ANY OTHER PENALTIES.

AS PER OUR CONVERSATION WITH YOUR OFFICE REPRESENTITIVE WE ARE ENCLOSING \$450.00 TO REINSTATE THE CORPORATION AS SOON AS POSSIBLE

YOUR PROMPT ATTENTION TO THIS MATTER IS DEEPLY APPRECIATED

SINCERELY, Wichael Paglianti

MICHAEL PAGLIANTI