

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -7 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S42518

1. Corporation Name

INTERTOLL COMMUNICATION NETWORK CORPORATION
235 GRANDON BLVD SUITE #4
KEY BISCAVNE, FL 33149

REINSTATEMENT 03-04

2. Principal Office Address

235 GRANDON BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

City & State

KEY BISCAVNE, FL

City & State

Zip

33149

Country

MIAMI DADE

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/01/1991

5. FEI Number

65-0252972

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

MARIO G SUFFERN

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

235 GRANDON BLVD SUITE 4

Suite, Apt. #, Etc.

City

KEY BISCAVNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

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 | MARIO G SUFFERN | 161 GRANDON BLVD STE 211 | KEY BISCAVNE FL 33149 |
| VP | MARIA C MARRODAN | 161 GRANDON BLVD STE 211 | KEY BISCAVNE, FL 33149 |
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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 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

305-442-4600

Daytime Phone #

LEONOR M. LEAL
Certified Public Accountant

220 Miracle Mile Suite 206
Coral Gables, Florida 33134-5909
Telephone 305-444-9929
Fax 305-444-9181

Member of
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

March 30, 2004

Department of State
Division of Corporation
P O BOX 6327
Tallahassee, FL 32314


Re: Intertoll Communication Network Corporation
235 Grandon Blvd Suite 4
Key Biscayne, FL 33149
S42518

Gentleman:

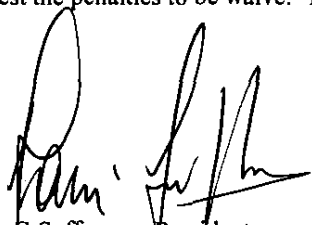
Upon review of the accounting information I discover that the annual report for 2003 was not paid. The above reference company never received the annual report last year. The company has moved twice in the last eighteen months.

Enclosed you will find a reinstatement application and request the penalties to be waived. Thank you in advance for your cooperation in this matter.

Sincerely,



Leonor Leal, CPA



Mario G. Suffern, as President
Intertoll Communication Network Corporation