

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
95-99AR

FILED

99 JUN 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **578594**

1. Corporation Name
D T TELECOMMUNICATIONS, INC.

Principal Place of Business Mailing Address
**1395 WINDY RIDGE COURT
LONGWOOD, FLORIDA 32750**

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

REINSTATEMENT 95-99AR

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **9/9/91**

5. FEI Number **59 3082554**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Dennis Taylor	1395 Windy Ridge Court	Longwood, Florida 32750

000002914980--4
-06/24/99--01101--026
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

**Dennis Taylor
1395 Windy Ridge Court
Longwood, Florida 32750**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City State Zip Code
FL

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.

Signature of Registered Agent *Dennis Taylor*
REGISTERED AGENT MUST SIGN

Date **6/10/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 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. and 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: *Dennis Taylor* President Date **6/10/99** Daytime Phone # **407-328-7149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)