


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 21 AM 11:58

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S 78594			
1. Corporation Name D T TELECOMMUNICATIONS, INC.			
2. Principal Office Address 1836 MARLEY PLACE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL 32750		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 9/9/91	
5. FEI Number 59 3082554	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DENNIS N. TAYLOR	300004749063--3 -01/03/02--01042--029 ****750.00 ****750.00
Street Address (P.O. Box Number is Not Acceptable) 1836 MARLEY PLACE	300004749063--3 -01/03/02--01042--030 ****150.00 ****150.00
Suite, Apt. #, Etc.	State FL 32750
City LONGWOOD	Zip 32750

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: Dennis N. Taylor, President Date: 11-26-01

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 D	DENNIS N. TAYLOR	1836 MARLEY PLACE	LONGWOOD, FL 32750

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: Dennis N. Taylor PRESIDENT 10/23/01 1-800-249-3126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00-01

CR2E081 (9/00)