
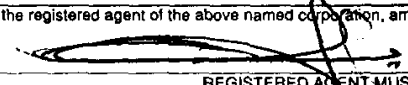
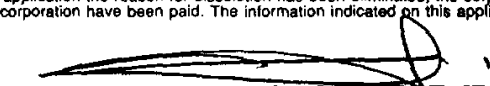


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # S 78649		FILED 99 OCT 22 PM 3:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name INTERNATIONAL TELEPHONE & COMMUNICATIONS LTD, INC.			
Mailing Address Principal Place of Business 4700 N. STATE ROAD 7, SUITE # 211, TAMARAC, FL. 33319			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable 6555 N. Powerline Road Suite, Apt. #, etc. # 403 City & State Ft. Lauderdale, Fl. Zip 33309 Country U.S.A.		3. New Principal Office Address, If Applicable 6555 N. Powerline Road Suite, Apt. #, etc. #403 City & State Ft. Lauderdale, Fl. Zip 33309 Country U.S.A.	
		4. Date Incorporated or Qualified To Do Business in Florida 9-9-1991	
		5. FEI Number 65-0324780 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	Edward F. Elliot	3461 NW 21 Street	Coconut Creek, Fl. 33066
			200003024792--6 -10/26/99--01015--009 ***600.00 ***600.00
			REINSTATEMENT 93-99
			200003024792--6 -10/26/99--01015--010 ***1050.00 ***1050.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Edward F. Elliot Street Address (P.O. Box Number is Not Acceptable) 6555 N. POWERLINE Road, Suite, Apt. #, Etc. # 403 City Ft. Lauderdale, State FL Zip Code 33309	
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  Date 10-21-99 REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		Date 10/25/99 Daytime Phone # 954-202-0212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			