

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name *ATLANTIC TELEPHONE Company, Inc.*

Doc. # *S82779*

REINSTATEMENT *02-03*

600017230006
01/28/03--01137--030 **900.00

2. Principal Office Address

6527 Bay Club Dr.

Suite, Apt. #, etc.

#4

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

City & State

Zip

33308

Country

Broward

Zip

Country

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

9/23/1991

5. FEI Number

593089574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

N/A \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN T. WARREN

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

6527 Bay Club Dr.

Suite, Apt. #, Etc.

#4

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

Steven T. Warren

REGISTERED AGENT MUST SIGN

Date *April 22, 2003*

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
<i>P</i>	<i>STEVEN T. WARREN</i>	<i>6527 Bay Club Dr. #4</i>	<i>Ft. Lauderdale, FL. 33308</i>

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:

Steven T. Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2003

Date

954 776-1696

Daytime Phone #

9/30

CR2E081 (10/02)