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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

ACCEPTED AND FILED

1997 NOV -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # V04976

Tell Systems Corp.
1341 S.W. 15th Street
Boca Raton, FL 33486

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 133 Boca Raton Road

City and State: Boca Raton, FL Zip Code: 33432

3. If Principle Office Address is different from mailing address, enter address below:

Address:

City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
January 8, 1992	65-0311045	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED XX

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	Guy Rabbat	1341 S.W. 15th Street	Boca Raton, FL 33486
PRES	GUY RABBAT	SAME	SAME

900002343089--6
-11710/97--01124--005
***1418.75 ***1418.75

REINSTATEMENT 03/18/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Filings Inc.
3732 N.W. 16th Street
Fort Lauderdale, FL 33311

9. If changed, new registered agent / office

Name: Leo A. Fox

Street Address (Do NOT Use P.O. Box Number): 133 Boca Raton Road

City: Boca Raton State: FL. Zip: 33432

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: Leo A. Fox REGISTERED AGENT MUST SIGN Date: 11/5/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (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 ☐ No ☒ (See other side for information on intangible tax.)

13. 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 of Officer or Director: Guy Rabbat, PRESIDENT Date: 11/6/97 Daytime Phone #: 414 646 3033

Typed or printed name of signing officer or director: GUY RABBAT, PRESIDENT

CR2E040 (8/92)