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APILICATION FOR REINSTATEMENT FOR 1996 and 1997	Jim Smith Secretary of Str	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State Division of corporations		97 FEB 21 AM II: 32		
Read Instructions on Other Sale Belove Muking Entries.      Males Charak Daughter Tax Danastmant of Clotes		SECRETARY OF STATE				
Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # V30404		If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.				
TELEVOICE, INC. 21000 N.E. 28th Avenue Suite 214 Aventura, FL 33180			Address			
			Address			
			City and State			
			Zip Code		· · · · · · · · · · · · · · · · · · ·	
3. Date Incorporated or Qualified To Do Business in Florida	20/92 4. FEI Number 65-03	72013		FEI Numbe	or Applied For or Not Applicable	
5. Names and Street Addresses of Each Offic						
Title Names of Offic 1 2 and/or Direct	ers Office	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb		City and State		
P/S/D John Lasry	21000 N.E. Suite 214	28th Aven	Avenue		180	
					6670	
				-02/25/970 ****915.00	)1070001 ****915.00	
This corporation ha	s liability for intangible tax under formation call Department of Rev	section 199.0	TATEME	Qe	alan 10-21-9-1	
				ss of New Registered Age	nt	
REGISTERED AGENT INFORMATION Name 6. Name and Address of Current Registered Agent Ron			ald R. Fields	stone		
Robert A. Smoley 21000 N.E. 28th Avenue		Street Address ( 200	eet Address (Do NOT Use P.O. Box Number) <u>200 South Biscayne Boulevard, Ste. 2100</u> eet Address (Do NOT Use P.O. Box Number)			
Aventura, FL 33180		City and State Mia	mi	FL.	Zip Code 33131	
8. 1, being appointed the registered apoint of Signature of Registered Agent	the poole named corporation, am familiar with	·	ligations of section 607.0	505, F.S. Dale	1/12/97	
reinstatement application the reason for dis	The receiver or trustee empowered to execute the solution has been eliminated, the corporate name and this application is true and accepted to the solution is true accepted to the solution is true and accepted to the solution is true and accepted to the solution is true a	his application as p ne satisfies the req	uirements of section 607.	.0401 or 617.0401, F.S., and	that all lees owed by	
Signature of Officer or Director	Date 24	- <b>1</b>	Phone #	(305) 933-1690	· ·	
Typed or printed name of signing officer or	directorJohn Lasry, Presid					
10. Should you desire a certilicate of status		ICATE OF STATUS			25 Additional Fee Trequired for a splitcate of Status	