

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 01 JAN 29 AM 11:01 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P99000022547

1. Corporation Name EPTEL, INC.

Principal Place of Business 9532 SOUTHEAST DUNCAN STREET HOBE SOUND FL 33455 Mailing Address 9532 SOUTHEAST DUNCAN STREET HOBE SOUND FL 33455



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/11/1999 5. FEI Number 05-0903638 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include PTD PETZOLT, EDWIN and SVD ETTESVOLD, PATRICIA N.

600003654296--1 -02/06/01-01079-022 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

8. SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 9. Name EDWIN PETZOLT Street Address 9532 SE DUNCAN ST. City HOBE SOUND State FL Zip Code 33455

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 [Signature] REGISTERED AGENT MUST SIGN Date 10/31/00

11. 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: [Signature] EDWIN PETZOLT Date 10/31/00 Daytime Phone # 5615469626 KE

CR2E040 (8/00)