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APPLICATION FOR REINSTATEMENT
Katherine [unclear]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002925
1 Corporation Name
PROTEL ADVANTAGE, INC.

Principal Place of Business Mailing Address
**1144 Larpenteur Avenue West
St. Paul, MN 55113**

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
Suite, Apt. #, etc.
City & State
Zip Country

FILED
99 DEC 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
4. Date Incorporated or Qualified To Do Business in Florida **6/4/97**
5. FEI Number **41-1805-770**
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)			
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
Pres.	Scott Lee	1144 Larpenteur Avenue West	St. Paul, MN 55113

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T Corporation System 1200 South Pine Island Road Plantation, FL 55113	Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

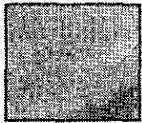
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S.
Signature of Registered Agent Michelle R. Justesen, Asst. Secy. Date December 27, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to file this reinstatement application, the reason for dissolution has been eliminated, all taxes owed by the corporation have been paid, and the names of individuals who do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall be a true and correct effect as if made under oath.

SIGNATURE: Scott Lee 11/4/99 651.489.7616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

(2)



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December 8, 1999

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 323314

Re: Protel Advantage, Inc.

Dear Sir or Madam:

Enclosed please find Protel's Application for Reinstatement. Also enclosed is a check for \$300.00 payable to Department of State for the filing fees for 1998 and 1999.

Protel respectfully requests that the Secretary waive the reinstatement fee, as Protel did not receive the 1998 or 1999 notice. My paralegal, Mitzi Ellis, called each state Protel is providing long distance service and found that Protel was not in compliance and needed to file for reinstatement. Further, Protel did not intentionally disobey any Secretary directive and steps have been taken to make sure that this mistake will not happen again.

I would sincerely appreciate your consideration in this matter.

Very truly yours,

Steven C. Clay
Attorney for Protel Advantage, Inc.

cc: Protel Advantage, Inc.