

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 8:56

DOCUMENT # F97000002925

1. Corporation Name

Protel Advantage, Inc.
d/b/a Long Distance Savings

REINSTATEMENT 00-01

2. Principal Office Address

300 E Main St

Suite, Apt. #, etc.

Ste 300

City & State

Anoka MN

Zip

55303

Country

USA

3. Mailing Office Address

900 Comerica Bldg

Suite, Apt. #, etc.

City & State

Kalamazoo MI

Zip

49007

Country

USA

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

6/4/97

5. FEI Number

11-1805770

Applied For

NOT Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edwin F Blanton

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

825 Thomasville RD

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date

7/30/01

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
P T S D	Scott Lee	300 E Main St Ste 300	Anoka MN 55303
			200004627532--5 -10/08/01--01080-032 ****750.00 ****750.00
			Handwritten initials: JRC/15

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:

Scott Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-01

Date

763-576-0017

Daytime Phone #

CR2E081 (9/99)