

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

03 SEP 15 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000002925

1. Corporation Name

Protel Advantage, Inc.

900023048319  
09/15/03--01034--013 \*\*900.00

**REINSTATEMENT 02-03**

2. Principal Office Address		3. Mailing Office Address	
1308 Medora Rd		900 Comerica Bldg	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mendota Heights MN		Kalamazoo MI	
Zip	Country	Zip	Country
55118		49007	

4. Date Incorporated or Qualified To Do Business in Florida		10/14/97
5. FEI Number	Applied For	
41-1805770	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	State	Zip Code
Tallahassee	FL	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 Date 9/12/03  
REGISTERED AGENT MUST SIGN

**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. S. T. D.	Scott Lee	1308 Medora Rd.	Mendota Heights MN 55118

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: Patrick D. Crocker, Attorney Date \_\_\_\_\_ Daytime Phone # 269-381-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)