PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

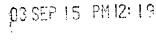
DIVISION OF CORPORATIONS

DOCUMENT # F9700002925

1. Corporation Name

Tallahassee

Protel Advantage, Inc.



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

3. Mailing Office Address REINSTATEMENT 02-03 2. Principal Office Address 900 Comerica Bldg 1308 Medora Rd Suite, Apt, #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Kalamazoo MI Mendota Heights Not Applicable 41-1805770 Country Zip Country Zip \$8.75 Additional Fee require for a Certificate of Status CERTIFICATE OF STATUS DESIRED 49007 55118 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. Zip Code State

8. I, being appointed the registerert 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				
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 filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

on this application is true and accurate, and my

Patrick D CER OR DIRECTOR

shall have the same legal effect as if made under oath.

Attorney Date

FL

32303

269-381-8844 Daytime Phone #

(10/02) CR2E081