


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
 00 NOV 22 AM 9:28  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT #** 093500084231

**1. Corporation Name**  
M1 Communications Inc.  
501 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL. 33334

<b>2. Principal Office Address</b> <u>501 E. Oakland Park Blvd</u>		<b>3. Mailing Office Address</b> <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE FL</u>		City & State <u>Same</u>	
Zip <u>33334</u>	Country <u>USA</u>	Zip	Country

**REINSTATEMENT** 08-10

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

**5. FEI Number** 65-0452876 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 George Niarchos

Street Address (P.O. Box Number is Not Acceptable) 501 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

City Oakland Park State FL Zip Code 33334

**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 [Signature] Date 15 Nov 00

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
<u>Pres.</u>	<u>George Niarchos</u>	<u>1014 SE 5th Ct.</u>	<u>FT. LAUDERDALE FL 33301</u>

**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: [Signature] Date 15 Nov 00 Daytime Phone # 954.763.6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)