

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

01 OCT -9 PM 12:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 996000039673

1. Corporation Name
EPHONE Telecom, Inc.

2. Principal Office Address
1145 Herndon Parkway
 Suite, Apt. #, etc.

3. Mailing Office Address
SAME
 Suite, Apt. #, etc.

City & State
Herndon, VA

Zip
20170

Country
USA

700004638707--5
 -10/17/01--01002--031
 ****325.00 ****325.00

4. Date incorporated or Qualified To Do Business in Florida
May 3, 1996

5. FEI Number
098020479

6. CERTIFICATE OF STATUS DESIRED

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name
CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.
Plantation

State
FL

Zip Code
33324

8. Signature of Registered Agent
Michael J. Penlar Jr. / Assistant Secretary Date 10/8/01

REGISTRED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Carmine Tagliatela, Jr.	10430 Deerfoot Dr.	Great Falls, VA 22066
11/15/D	Charlie Rodriguez	1622 W. Petuna Rd. Flat C2, Bayview Ct.	Tucson, AZ 85137
3/D	Robert G. Clarke	49 Mt. Davis Rd	Hong Kong, China Toronto, Ontario M4W 1P2 Canada
1/D	John Fraser	104 Elton Ave	Potomac, MD 20854
D	Sheldon B. Carrins	10220 River Rd	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I have been duly elected or appointed to this position and the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that of 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)(X), 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: 10/5/01

703-787-7006