


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



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

NOV -6 AM 10:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000042971
 1. Corporation Name
 HOSPITALITY TELECOMMUNICATIONS FLORIDA, INC.

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 -12/11/00--01027--018
 ****750.00. ****750.00

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida 5/12/98
 5. FEI Number 33-0932310 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED

2. Principal Office Address 4496 B Camino de la Plaza		3. Mailing Office Address 4496 B Camino de La Plaza	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State San Ysidro, California		City & State San Ysidro, California	
Zip 92173	Country USA	Zip 92173	Country USA

7. Name and Address of Current Registered Agent

Name
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

Suite, Apt. #, Etc.

City
 Tallahassee

State
 FL

Zip Code
 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Lynette Coleman* **Lynette Coleman** as its agent Date *10/6/2000*

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
PD	Gregorio Galicot	4496 B Camino de La Plaza	San Ysidro, CA. 92173
SD	Rafael Galicot	4496 B Camino de La Plaza	San Ysidro, CA. 92173
TD	Luis Maizel	401 B Street, Suite 920	San Diego, CA. 92101

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: *Rafael Galicot* **Rafael Galicot, Secretary** 9/29/00 (619) 428-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (0999)