

ORIGINAL

CONSOLIDATED TELECOM, INC™

1320 Greenway Drive • Suite 450 • Irving, Texas 75038 • 800-583-9683 • phone 972-239-2182 • fax 972-239-2358

To whom it may concern:

File # 030914-TI

COMMISSION
CLERK

OCT 16 AM 10:28

RECEIVED-FPSC

Here's a copy of the application to reinstate Consolidated Telecom, Inc d/b/a Cell ProDx.com. We had moved and did not receive certain documents sent by the state.

Thanks

Jerry Jd

AUS	_____
CAF	_____
CMP	_____
COM	_____
CTR	_____
ECR	_____
GCL	_____
OPC	_____
MMS	_____
SEC	_____
OTH	_____

DOCUMENT NUMBER-DATE

10121 OCT 16 8

FPSC-COMMISSION CLERK

CONSOLIDATED TELECOM. INC.™

1320 Greenway Drive • Suite 450 • Irving, Texas 75038 • 800-583-9683 • phone 972-239-2182 • fax 972-239-2358

To: Gail Lindell

From: Mark Michael

Re: Reinstate Florida for Consolidated Telecom

Date: October 14, 2003

Gail

Enclosed is the Application for Reinstatement, Filing fee of \$150 and cover letter. You will have to sign again a Registered Agent on the form. Thanks

Mark

10/16/03
10/16/03
10/16/03
10/16/03
10/16/03

DOCUMENT NUMBER-DATE

10121 OCT 16 8

FEDERAL COMMISSION FILE #

CONSOLIDATED TELECOM, INC™

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October 14, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Consolidated Telecom, Inc. d/b/a Cell ProDX.com, Inc. Document No.
F02000002786

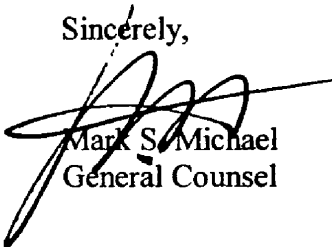
Dear Sir(Madam):

Enclosed is the Application for Reinstatement of the above. Our original documents were approved in June 2002 while located at our prior office address. We subsequently moved and submitted a forward card to our new address. We intended to notify you of the change of address with the submission of the UBR. We were advised that this report would be sent to us. We never received any such report. Since we have not conducted any business in Florida since the qualification date we did not think to follow up.

We are now preparing to conduct business in Florida and by the Application are requesting reinstatement. After speaking to an agent in your office I was instructed to submit this cover letter of explanation and the Penalty of \$750.00 would be waived.

Thank you for your understanding and assistance.

Sincerely,



Mark S. Michael
General Counsel

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002786

1. Corporation Name

Consolidated Telecom, Inc. d/b/a Cell Prodx. Com, Inc.

2. Principal Office Address

1320 Greenway Dr.

Suite, Apt. #, etc.

Suite 450

City & State

Irving, TX

Zip

75038

Country

US

3. Mailing Office Address

1320 Greenway Dr.

Suite, Apt. #, etc.

Suite 450

City & State

Irving, TX

Zip

75038

Country

US

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

June 5, 2002

5. FEI Number

75-2369702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$675 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Capitol Corporate Services, Inc.

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

1333 North Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

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 _____

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/T/D	Gary Savage	1320 Greenway Dr. Suite 450	Irving, Texas 75038
VP/S/D	Jerome E. Jacobs	1320 Greeway Dr. Suite 450	Irving, Texas 75038
VP/D	Scot Moreland	1418 Bitters Rd. Suite 1	San Antonio, Texas 78216

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:

Jerome E. Jacobs

10/14/03

972.239.2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP/ENR/1/01/02