

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAR 20 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99332**

1. Corporation Name

Occitel, Inc.

Mailing Address

Principal Place of Business

**100 S.E. 4th Street
Miami, Florida 33131**

REINSTATEMENT *96-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
June 29, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0209184

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State Zip
D/P	Gregorio de Diego	Calle Jose Abascal 58-6	Madrid, Espana 28003
VP/T AS	Jose Luis Gonzalez	100 S.E. 4th Street	Miami, Florida 33131
S	Juan T. O'Naghten	2665 South Bayshore Dr. Suite 1100	Miami, Florida 33133
			500002123395--7 -03/25/97--01047--008 ***915.00 ***915.00
			<i>JB3-21-97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Juan T. O'Naghten
2665 South Bayshore Dr.
Suite 1100
Miami, Florida 33133**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

J. O'Naghten

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Jose Luis Gonzalez

JOSE LUIS GONZALEZ

03/18/97

305-3745100

CR2E040 (5/94)