

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 DEC -2 PM 12:36

DOCUMENT # **P00000063526**

1. Corporation Name

TELEFONICA B2B, INC.

Principal Place of Business

Mailing Address

1221 BRICKELL AVE., SUITE 2100
 C/O PATRICIA MENENDEZ
 MIAMI FL 33131

1221 BRICKELL AVE., SUITE 2100
 C/O PATRICIA MENENDEZ
 MIAMI FL 33131

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1105063

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 | 4 City / State / Zip |
|---------------|-------------------------------------|--|---------------------------|
| DP | HERNANDEZ, RAFAEL | 1221 BRICKELL AVENUE, 7000 | MIAMI FL 33131 |
| DCEO | GERARD, JERONIMO | 1221 BRICKELL AVENUE, 7000 | MIAMI FL 33131 |
| DS | MENENDEZ-CAMBO, PATRICIA | 1221 BRICKELL AVENUE, 7000 | MIAMI FL 33131 |
| VS | CARRIGO, SILVIA M | 1221 BRICKELL AVENUE, 7000 | MIAMI FL 33131 |
| 100025168381 | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of Registered Agent **Brian Courtney**
 Asst. V. Pres. Date 12/2/03
 REGISTERED AGENT MUST SIGN

11. 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: **PATRICIA MENENDEZ-CAMBO** 6/24/2003 (305) 579-0766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 342458 4303929

AUTHORIZATION : *Patricia Pizoto*

COST LIMIT : \$ 750.00

ORDER DATE : December 2, 2003

ORDER TIME : 1:35 PM

ORDER NO. : 342458-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Antje Becker
Greenberg Traurig, P.a.
18th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

RECEIVED
03 DEC -2 PM 2:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: TELEFONICA B2B, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____