

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079992

1. Corporation Name

Telefreedom, Corp.

2. Principal Office Address

2131 West Flagler Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

3. Mailing Office Address

2131 West Flagler St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

33135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/23/2002

5. FEI Number

02 0634753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
Alba Borrego

Street Address (P.O. Box Number is Not Acceptable)
2131 West Flagler St.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33135

700036192627

05/12/04 01030 025 **308.75

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

Alba Borrego
REGISTERED AGENT MUST SIGN

Date

4/28/04

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	Alba Borrego	2131 West Flagler St.	Miami, FL 33125
VD	Lidia Clara Fernandez	2131 West Flagler St.	Miami, FL 3125

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:

Alba Borrego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04 (305) 644-9977
Daytime Phone #

CR2E081 (01/04)