## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF S Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 JAN 27 PM 3: 42	
DOCUMENT # Po2 000 //3/69 1. Corporation Name				
EXECUTIVE TELEP	TARKETINE, CO	RP		
2. Principal Office Address 935-A SW 87 AR Suite, Apt. #, etc.	3. Mailing Office Address  Suite, Apt. #, etc.	PENS	TATEMENT 03	-05.
	Julia, Apr. 4, arc.		rporated or Qualified	DZ.
City & State  MIRMITELE	City & State	5. FEI Numb	er Ap	plied For
Zip Country	Zip Country	6-	\$8.75 Additional	
33(74) CERTIFICATE OF STATUS DESIRED tor a Certificate of Status  7. Name and Address of Current Registered Agent				
Name				
Street Address (P.O. Box Number is Not Acceptable)  935-A  W P7 AVE.				
935-A SW 87 AVE. Suite, Apt. #, Etc.				
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City MI AMI			State Zip Code FL 33774	
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 // J / 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/2/ 1/				
Signature of Registered Agent Date 1/21/01				
/ REGISTERED AGENT MOST SIGN				
9. Names and Street Addresses of Each Officer and Titles Name of	Street Add	ress of Each	Oh. 1 State 177-	
Officers and/or Directors	Officer and	1/or Director	City / State / Zip	
PD SANTIAGO HANT	DILEGO 103215W 49:	A STREET	HIAMI, Florida: 33	165
VP ANAIS HAMPILEG	0 103215W 49TH	SPREET	HIAMI, Doesoa 331	65
		<u></u>	Πημερομήσε	
		02/03	00045894095 3/0501007005 **105	58.75
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10.1 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 filling 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: 1-25-37-31-87 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR Date Daytime Phone #				