

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

FILED

03 MAY -4 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000096395

Corporation Name

Buenos Aines Celular, Inc.

Principal Place of Business

Mailing Address

2999 NE 191 street,
suite 608, Miami, Florida 33180-3117

REINSTATEMENT

98-99
20

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

1. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Organized
To Do Business in Florida

Mariano E. Szlaifer

State, Apt. #, etc.

5. FC Number
65-0713622

Applied For
Not Applicable

2999 NE 191 ST #608

City & State

Miami

Zip

Country

FL 33180 USA

6. CERTIFICATE OF STATE DISBURG



7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	ABRATTE, CRISTIAN	2999 NE 191 ST #608	Miami, FL 33180
VP	DJUKICH, VERA	2999 NE 191 ST #608	Miami, FL 33180
TR	SZLAIFER, Mariano	2999 NE 191 ST #608	Miami, FL 33180

800002474958-0
-05/14/99-01002-026
****935.00 ****935.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mariano Szlaifer
2999 NE 191 street, suite 608
Miami, FL 33180

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0095, F.S.

Signature of Registered Agent

REGISTERED AGENT (JUST SIGN)

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee or empowered to execute this application, as provided for in Chap. 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 s. 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 119.02(1)(b), F.S. The information provided on this application is true and accurate, and my signature and name have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR)

MARIANO SZLAIFER

(305) 935-5475