

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 16 PM 2:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000049484

1. Corporation Name
 NEXTELCOM CORP.

Principal Place of Business	Mailing Address
1160 NW 159 DR MIAMI FL 33169	1160 NW 159 DR MIAMI FL 33169



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/05/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0758167	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	ESQUENAZI, JOEL	1160 NW 159 DR	MIAMI FL 33169
SD	RODRIGUEZ, CARLOS A	1160 NW 159 DR	MIAMI FL 33169
SD	LANGLE, DAVID	1160 NW 159 DR	MIAMI FL 33169
			400003446644--7
			-11/01/00--01039--011
			***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DICKEY, JAMES 1160 NW 159 DR MIAMI FL 33169		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 _____ **SIGNATURE REQUIRED** _____ Date _____
 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: _____ **SIGNATURE REQUIRED** _____ Date 10/12/2000 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

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LAW OFFICES
JAMES R. C. DICKEY
1160 NW 159TH DRIVE
MIAMI, FLORIDA 33169
TELEPHONE (305) 577-9700
TELECOPIER (305) 577-9774

October 13, 2000

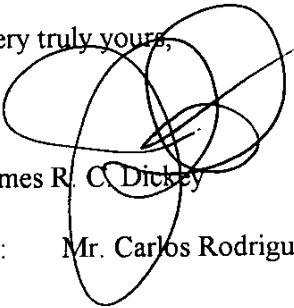
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Nextelcom Corp.

Ladies/Gentlemen:

I enclose a copy of a Request for Reinstatement of the captioned corporation together with our check for \$150.00. We request that you waive late fees and penalties with respect to this corporation because we never received an Annual Report form from your office.

Very truly yours,


James R. C. Dickey

cc: Mr. Carlos Rodriguez, Vice President