

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000087391

1. Corporation Name
FLATEL, INC.

Principal Place of Business 3814 WOODWALK BLVD LAKE WORTH FL 33467	Mailing Address 3814 WOODWALK BLVD LAKE WORTH FL 33467
--	--

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

2. New Principal Office Address, If Applicable 1705 W. 45th St. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1705 W. 45th St. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 10/09/1997
City & State West Palm Beach, FL	City & State West Palm Beach, FL	5. FEI Number 65-0788827
Zip 33407	Country USA	Applied For Not Applicable
Zip 33407	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, S, T	Oscar Nodarse	1705 W. 45th Street	West Palm Beach, FL 33407
D, VP	Adriana Solar	1705 W. 45th Street	West Palm Beach, FL 33407

300002703423--7
 -12/04/98--01075--016
 ****758.75 ****758.75
REINSTATEMENT 98
 B. 12/5/98

8. Name and Address of Current Registered Agent NODARSE, MARIA 3814 WOODWALK BLVD LAKE WORTH FL 33467	9. Name and Address of New Registered Agent Name Adriana Solar Street Address (P.O. Box Number is Not Acceptable) 1705 W. 45th Street Suite, Apt. #, Etc. City West Palm Beach State FL Zip Code 33407
--	---

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] **SIGNATURE REQUIRED** Date: 11-18-98
 REGISTERED AGENT MUST SIGN

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 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)(f), 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] **SIGNATURE REQUIRED** Date: 11/18/98
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #
OSCAR NODARSE, DIRECTOR

FILED
 98 DEC -3 PM 1:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2E040 (6/98)