

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
 OF STATE  
 CORPORATIONS  
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**CORPORATION  
 REINSTATEMENT**



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

DOCUMENT #P19 0000.94447

1. Corporation Name

Telefonica SAM USA, Inc.

2. Principal Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

Country

USA

3. Mailing Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
 To Do Business in Florida

5. FEI Number

65-0961900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of  
 Registered Agent

**BRIAN COURTNEY, ASST. VP.**

Date

12/5/2000

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Eduardo Caride	1221 Brickell Ave, Ste. 600, Miami, FL	33131
S	Patricia Menendez Cambo	1221 Brickell Ave., Ste. 600, Miami, FL	33131

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 disqualification 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00

Am

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850)922-4004

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

**CORPORATION REINSTATEMENT**

**TELEFONICA SAM USA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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