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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000010717

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 PM 1:18

1. DOCUMENT # L01000010717

Name and Mailing Address

LR 12/01

0000329 01 AV 0.278 **AUTO T1 0 0615 33131-291428

CONSULMEX TELECOMMUNICATIONS, LLC
800 BRICKELL AVE.
SUITE 103
MIAMI FL 33131-2914

REINSTATEMENT 2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
07/02/2001

Principal Place of Business
800 BRICKELL AVE.
SUITE 103
MIAMI FL 33131

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
98-0234804

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/12/03

REGISTERED AGENT MUST SIGN Mark H. Schaeffer Asst. Secy. NRAI

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	~~WRIGHT~~, DAVID VURGAIT	800 BRICKELL AVE STE 103	MIAMI FL 33131
	REINSTATEMENT	2003	

400024797114
11/18/03--01033--016 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage SIGNATURE REQUIRED Date 10/31 Daytime Phone # 305-921 8100

Typed or printed name of signing Managing Member/Manager