

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/3

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # F01000001940

1. Corporation Name

TELENOVA CORPORATION

Principal Place of Business

100 N. BISCAYNE BLVD. SUITE 2905  
MIAMI FL 33132

Mailing Address

100 N. BISCAYNE BLVD. SUITE 2905  
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2001

5. FEI Number

65-1002807

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
CEO/ CFO	CUSTODIO CABRAL, MARCELO	100 N. BISCAYNE BLVD. SUITE 2905	MIAMI FL 33132
<del>V</del>	<del>CLEARY, WILLIAM T</del>	<del>100 N. BISCAYNE BLVD. SUITE 2905</del>	<del>MIAMI FL 33132</del>
<del>DPCE</del>	<del>JOSVEL MARGUES, HIRAN</del>	<del>100 N. BISCAYNE BLVD. SUITE 2905</del>	<del>MIAMI FL 33132</del>
<del>D</del>	<del>KIRKPATRICK, DUANE</del>	<del>100 N. BISCAYNE BLVD. SUITE 2905</del>	<del>MIAMI FL 33132</del>

8. Name and Address of Current Registered Agent

ALVAREZ, VICTOR M  
200 S. BISCAYNE BLVD. SUITE 4900  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 So. Pine Island Rd

Suite, Apt. #, Etc.

City

plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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  
MARCELO CABRAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 605/351-2500 EXT-203

Date

Daytime Phone #

CR2E040 (8/02)

2/3

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DOCUMENT # F01000001940

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Plantation

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Plantation

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Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

James A. Bordonaro  
Assistant Secretary

Date 10/31/2002

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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:

MARCELO C. CABRAL

Date

Daytime Phone #

11/04/02 (305) 357-2500 ext. 203



3/3

October 28, 2002

Division of Corporations  
Annual Report/Reinstatement section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: TeleNova Corporation - Document #: F01000001940

Dear Sir or Madam:

Please be advised that the two prior uniform business report (UBR) notices for the above referenced document were never received. Also, in order to comply with your request, enclosed please find the complete application for reinstatement and a check in the amount of \$ 150.00 to file the report.

Sincerely,

  
Marcelo C. Cabral  
Chief Financial Officer