

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005836

1. Corporation Name

AT&T LATIN AMERICA CORP.

Principal Place of Business

Mailing Address

~~220 ALHAMBRA CIRCLE, SUITE 900~~
~~CORAL GABLES FL 33134~~

~~220 ALHAMBRA CIRCLE, SUITE 900~~
~~CORAL GABLES FL 33134~~



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

2. New Principal Office Address, If Applicable

2020 K St. NW, Suite 800

Suite, Apt. #, etc.

Washington, DC

City & State

3. New Mailing Office Address, If Applicable

2020 K St. NW, Suite 800

Suite, Apt. #, etc.

Washington, DC

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

22-3687745

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	NORTHLAND, PATRICIO	220 ALHAMBRA CIRCLE, SUITE 900	CORAL GABLES FL 33134
VT	MURPHY, NELSON	220 ALHAMBRA CIRCLE, SUITE 900	CORAL GABLES FL 33134
S	CANFIELD, THOMAS	220 ALHAMBRA CIRCLE, SUITE 900	CORAL GABLES FL 33134
D	DYER, EDWARD M	295 NORTH MAPLE AVE., ROOM 7149M	BASKING RIDGE NJ 07920
D	HAIGH, JOHN A	295 NORTH MAPLE AVE., ROOM 7149M	BASKING RIDGE NJ 07920
D	HARRISON, R. REED	900 RT 202-206 NORTH, ROOM 4C115	BEDMINSTER NJ 07921

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400008787734

11/04/02 01079 024 750 75

State

Zip Code

FL

CR2E040 (8/02)

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

10310

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:

Barbara A. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-2002 (202)689-6300

Date

Daytime Phone #