

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR 90-97
 REINSTATEMENT

FILED

97 SEP -8 AM 11:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F9500000117

1. Corporation Name

NETEL, INC.

W97000019661

Principal Place of Business

Mailing Address

6300 NE 1st AVENUE
 FORT LAUDERDALE, FL 33334

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

REINSTATEMENT 97-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11-3-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-036-2510

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

000002289910--8

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	Date of Birth 4
P/D	SCOTT LEHMAN	6300 NE 1st AVENUE	<u>-09/10/87</u> ST 01122--005 ***915.00 ***915.00
V	RAGIP DEVRES	6300 NE 1st AVENUE	
S/T/D	NELSON FUTCH	6300 NE 1st AVENUE	
D	MENDERES AKOAG	6300 NE 1st AVENUE	

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name SCOTT LEHMAN, ESQ
 Street Address (P.O. Box Number is Not Acceptable)
6300 NE 1st AVENUE
 Suite, Apt. #, Etc.
THIRD FLOOR
 City FORT LAUDERDALE State FL Zip Code 33334

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

Scott Lehman

REGISTERED AGENT MUST SIGN

Date

8-20-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

Scott Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT LEHMAN PRESIDENT

8-20-97

Date

954/776-9100

Daytime Phone #

CRP040 (12/96)