

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000000117**

**1. Corporation Name**

Netel, Inc.

**2. Principal Office Address**

1020 NW 163rd Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

**3. Mailing Office Address**

1720 Windward Concourse

Suite, Apt. #, etc.

250

City & State

Alpharetta, GA

Zip

30005

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/09/1995

**5. FEI Number**

51-0362516

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

TCS Corporate Service, Inc.

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

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Koyuncu, Hakan	1020 NW 163 Dr	Miami, FL 33169

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAKAN KOYUNCU

10.21.2003

Date

(305) 914 3434

Daytime Phone #

CR2081 (10/02)

10/27