

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 2:56

DOCUMENT # F96000003239

1. Corporation Name

PICK COMMUNICATIONS CORP.

2. Principal Office Address

5225 N.W. 87 Avenue

3. Mailing Office Address

5225 N.W. 87 Avenue

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

Zip

33178

Country

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

06/26/1996

5. FEI Number

75-2107261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan J. Perlman, Esq.

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

100 S.E. 2nd Street, 17th Floor

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33131

300004642043-3

10/18/01 01067 010

****900.00 ****00.00

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

9/21/01

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
DPTS	BORNMAN, HELGE	5225 NW 87 Ave. Ste.100	Miami, FL 33178

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

Helge Bornmann

Date

10/5/01

Daytime Phone #

CR2001 (9/01)