

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 28 AM 9:02

DOCUMENT # F97000002931

1. Corporation Name

SOCATEL INTERNATIONAL, INC.

Principal Place of Business

147-16 SW 111TH TERRACE
MIAMI FL 33196

Mailing Address

147-16 SW 111TH TERRACE
MIAMI FL 33196



REINSTATEMENT 98-00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0876950

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JACQUES, MARIE G	303 NEWPORT RD	UNIONDALE NY 11553
P	CINE, FRANCK N	303 NEWPORT RD	UNIONDALE NY 11553
V	RIGUAD, PATRICK	224-19 LINDEN BLVD	CAMBRIA HEIGHTS NY 11411
S	MARTIAL, J F	3 PARK AVE	NEW YORK NY 10016

8. Name and Address of Current Registered Agent

COLIMON, ELSYE R
147-16 SW 111TH TERRACE
MIAMI FL 33196

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
100003351081--8
Suite, Apt. #, Etc. -08709200--01079--002
***1050.00 ***1050.00
City _____ State FL Zip Code _____

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/30/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

6/30/00