

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F99000004474**

1. Corporation Name

**GLOBAL Village Telecom Americas,
Inc.**

F99000004474

2. Principal Office Address **1560 SAWGRASS**

CORPORATE PARKWAY

Suite, Apt. #, etc.

200

City & State

SUNRISE, FL

Zip

33323

Country

USA

3. Mailing Office Address **1560 SAWGRASS**

CORPORATE PARKWAY

Suite, Apt. #, etc.

200

City & State

SUNRISE, FL

Zip

33323

Country

U.S.A.

FILED
02 FEB 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/26/02--01015--028

******917.50 ****908.75**

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

NOV 26 1999

5. FEI Number

593567309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays 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

Emelia Simpson

Authorized Representative

Date **October 5, 2001**

REGISTERED AGENT MUST SIGN

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
D	GIORA ORON	1560 SAWGRASS CORPORATE PKWY. SUITE 200	SUNRISE, FL 33323
SH	AMIT ANCIKOVSKY	1560 SAWGRASS CORPORATE PKWY. SUITE 200	SUNRISE, FL 33323
D	YOEL GAT	21 YEGIA KAPAYM ST. DANIV PARK, KIRYATARIE	PETAH TIKVA 49130 ISRAEL

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:

ORON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-858-1600

Daytime Phone #

CR2E081 (9/00)