

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/3

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # F99000005527

1. Corporation Name

TELENOVA COMMUNICATIONS CORPORATION

200008820092
11/06/02--01038--004 **150.00



Principal Place of Business

100 NORTH BISCAYNE BLVD., SUITE 2905
MIAMI FL 33132

Mailing Address

100 NORTH BISCAYNE BLVD., SUITE 2905
MIAMI FL 33132

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

10/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3993129

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCFO/ CEO	CABRAL, MARCELO	698 GLENRIDGE ROAD	KEY BISCAYNE FL 33149
D	MARQUES, HIRAN	781 CRANDON BLVD., UNIT 804	KEY BISCAYNE FL 33149

8. Name and Address of Current Registered Agent

GERALD V. WALSH, P.A.
9500 N.W. 37TH COURT
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SO - PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (305) 351-2500 Ext. 203

CR2E040 (8/02)

2/3

APPLICATION
FOR
STATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MENT # F99000005527

COMMUNICATIONS CORPORATION

Business

Mailing Address

AYNE BLVD., SUITE 2905

100 NORTH BISCAYNE BLVD., SUITE 2905
MIAMI FL 33132

Addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

, etc.

Suite, Apt. #, etc.

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13-3993129

Applied For

Not Applicable

City

City & State

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Zip

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6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

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

1. Name(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CFO	CABRAL, MARCELO	698 GLENRIDGE ROAD	KEY BISCAYNE FL 33149
CEO	MARGUES, HIRAN	781 GRANDON BLVD., UNIT 804	KEY BISCAYNE FL 33149

8. Name and Address of Current Registered Agent

GERALD V. WALSH, P.A.
8500 N.W. 37TH COURT
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

C T Corporation System

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

1200-S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of
Registered Agent*Barbara A. Burke*BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcelo C. Cabral

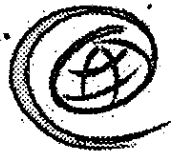
11/04/02

Date

Daytime Phone #

(305) 357-2500 ext

503



TELENOVA

3/3

October 28, 2002

Division of Corporations
Annual Report/Reinstatement section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: TeleNova Communications Corporation - Document #: F99000005527

Dear Sir or Madam:

Please be advised that the two prior uniform business report (UBR) notices for the above referenced document were never received. Also, in order to comply with your request, enclosed please find the complete application for reinstatement and a check in the amount of \$ 150.00 (check No.: 3695) to file the report.

Sincerely,


Marcelo C. Cabral
Chief Financial Officer