PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 24 PM 12:15

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08/31/05--01035--003 **1500.00

REINSTATEMENT

DOCUMENT # H30949

1. Corporation Name
TELSO, INC.

2. Principal Office Address	3. Mailing Office Address
1000 S. POINTE DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT. 3301	SAME
City & State	City & State
MIAMI BEACH FLORIDA	SAME
Zip / Country	Zip / Country
33139-7309 / U.S.A.	

4. Date Incorporated or Qualified To Do Business in Florida 11.20.84

5. FEI Number 59-2466642 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: SAM HERZBERG
Street Address (P.O. Box Number is Not Acceptable): 1000 S. POINTE DRIVE
Suite, Apt. #, Etc.: APT. 3301
City: MIAMI BEACH State: FL Zip Code: 33139-7309

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 X [signature] REGISTERED AGENT MUST SIGN Date X 8/23/05

CR2E036 (01/05)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	SAM HERZBERG	1000 S POINTE DR. APT. 3301	MIAMI BEACH, FLA 33139-7309

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: X [signature] Sam Herzberg X 8/23/05 X 305-469-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 24 2005