

FLORIDA DEPARTMENT OF STATE
Gloria F. Hood
Secretary of State
DIVISION OF CORPORATIONS

10
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

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[illegible]

CONSULMEX TELECOMMUNICATIONS, LLC
800 BRICKELL AVE.
SUITE 103
MIAMI FL 33131-2914



REINSTATEMENT

2003

2. Principal Place of Business 800 BRICKELL AVE. SUITE 103 MIAMI FL 33131		3. New Principal Place of Business Address City, State, Zip		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/02/2001		6. FEI Number 98-0234804	
				Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date 11/12/03 REGISTERED AGENT MUST SIGN Mark H. Schaeffer Asst Secy NRAI					
11. Names and Street Addresses of Each Managing Member/Manager					
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	WRIGHT, DAVID VURGAI	800 BRICKELL AVE STE 103		MIAMI FL 33131	
				400024797114 11/18/03--01033--016 **150.00	
	REINSTATEMENT	2003			

CR2E084 (7/03)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manage

SIGNATURE REQUIRED

Date _____

10/31

Daytime Phone #

305-921 81 00

Typed or printed name of signing Managing Member/Manager