

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 NOV 15 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000016628**

**1. Limited Liability Company's Name**

WIPTTELECOM USA, LLC

**2. Principal Office Address**

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

640

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

**3. Mailing Office Address**

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

640

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

**4. State/Country of Formation**

USA

**5. Date Organized or Qualified**

To Do Business in Florida 09/27/01

**6. FEI Number**

65-1140852

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

FAUSTINO MARTINEZ

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

640

City

CORAL GABLES

State

FL

Zip Code

33134

**9. 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

REGISTERED AGENT MUST SIGN

Date 11/12/04

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FAUSTINO MARTINEZ	255 ALHAMBRA CIRCLE #640	CORAL GABLES, FL 33134
			000043339280 12/10/04--01058--004 **150.00
			REINSTATEMENT 04 028

**11. 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/Manager

Date 11/12/04

Daytime Phone # (305)476-9462

Typed or printed name of signing Managing Member/Manager FAUSTINO MARTINEZ

CR2E041 (10/02)