

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 23 AM 11:07

DOCUMENT # **L 30822**

1. Corporation Name

Telsol, Inc.

2. Principal Office Address

8390 NW 13th St.

Suite, Apt. #, etc.

201

City & State

miami - FL.

Zip

33166

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1988

5. FEI Number

65-0156813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 09-01

7. Name and Address of Current Registered Agent

Name

Teresa Bertemati

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

8390 NW 13th St

Suite, Apt. #, Etc.

201

City

miami

200004658452-8

~~10/30/01-01014-002~~

*****1058.75 ***1058.75**

State
FL

Zip Code

33166

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

SBH

REGISTERED AGENT MUST SIGN

Date **10-22-01**

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
P	MARIA R. LOUIERDO	8390 NW 13th St #201	miami FL. 33166
VPS	Teresa Bertemati	8390 NW 13th St #201	miami FL. 33166

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:

SBH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-01

Daytime Phone #

305-592-1341