

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176749**

1. Corporation Name

DIELECT CORPORATION
9300 SOUTH DADELAND BOULEVARD
SUITE 400
MIAMI, FLORIDA 33156

2. Principal Office Address

9300 SO. DADELAND BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FLORIDA

City & State

SAME

Zip

33156

Country

DADE

Zip

SAME

Country

SAME

REINSTATEMENT

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

5/29/

5. FEI Number

65-0210699-

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUILLERMO PESANT, P.A.

000003169540--6

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

1313 PONCE DE LEON BLVD.

03/14/00--01108--016

****900.00 ****900.00

Suite, Apt. #, Etc.

SUITE 301

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date **2/28/00**

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
PRES	RAFAEL E. ALFONSO	9300 SO. DADELAND BLVD. SUITE 400	MIAMI, FLORIDA 33156

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 305-670-3400

Date

Daytime Phone #