


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 18 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                        |   |   |   |  |
|---|------------------------|---|---|---|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                            |                        |  |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>44-02 UBR</b><br><b>459830</b>                    |                        |   |   |   |  |
| 1. Corporation Name<br><b>South Florida teleservicios, Inc.</b> |                        |   |   |   |  |
| 2. Principal Office Address<br><b>12981 SW 132 Ct.</b>          |                        |   | 3. Mailing Office Address<br><b>12981 SW 132 Ct</b> |   |  |
| Suite, Apt. #, etc.   |                        |   | Suite, Apt. #, etc.                                 |   |  |
| City & State<br><b>Miami, FL</b>                                |                        |   | City & State<br><b>Miami, FL</b>                    |   |  |
| Zip<br><b>33186</b>   | Country<br><b>Dade</b> | Zip<br><b>33186</b>   | Country<br><b>Dade.</b>                             |   |  |

|  |                               |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>9-28-87</b>  |                               |
| 5. FEI Number<br><b>65-0005777</b>   | Applied For<br>Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                               |

|  |                    |                          |
|--|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent                              |                    |                          |
| Name<br><b>Elio Leon</b>   |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>12981 SW 132 Ct</b> |                    |                          |
| Suite, Apt. #, Etc.  |                    |                          |
| City<br><b>Miami,</b>  | State<br><b>FL</b> | Zip Code<br><b>33186</b> |

**200005097202--3**  
**-03/12/02--01052--028**  
**\*\*\*\*600.00 \*\*\*\*600.00**

|  |                        |
|--|------------------------|
| 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<br><b>Elio Leon</b>  | Date<br><b>2-15-02</b> |
| REGISTERED AGENT MUST SIGN   |                        |

|   |                                   |  |                        |
|---|-----------------------------------|--|------------------------|
| 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     |
| <b>PSD</b>  | <b>Elio Leon</b>                  | <b>12981 SW 132 Ct</b>                         | <b>Miami, FL 33186</b> |
| <b>V</b>  | <b>Elio Leon</b>                  | <b>12981 SW 132 Ct</b>                         | <b>Miami, FL 33186</b> |
| <b>T</b>  | <b>Maritza Leon</b>               | <b>"</b>                                       | <b>"</b>               |
|   |                                   |  |                        |
|   |                                   |  |                        |
|   |                                   |  |                        |

|   |                     |                        |  |
|---|---------------------|------------------------|--|
| 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:  | <b>Maritza Leon</b> | Date<br><b>2/15/02</b> | Daytime Phone #<br><b>305-234-3331</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |                        |  |

CR2E081 (9/01)