

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAR 12 AM 10:19

DOCUMENT #

1. Limited Liability Company's Name

TELMEX USA, LLC. *diss*
 1997-434 *9/29/00*

2. Principal Office Address

9444 FARNHAM ST.

Suite, Apt. #, etc.

200

City & State

SAN DIEGO, CA

Zip

92123

Country

USA

3. Mailing Office Address

9444 FARNHAM ST.

Suite, Apt. #, etc.

200

City & State

SAN DIEGO

Zip

92123

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

7/18/97

6. FEI Number

76-0532710

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

CORPORATION SERVICE COMPANY

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

1201 Hays street

200003851592--8

Suite, Apt. #, Etc.

03/13/01--01127--003

****200.00 ****200.00

City

TALLAHASSEE

State

FL

Zip Code

32301

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

X *Alfonso Lara* ASST SECRETARY

Date 1-22-01

REGISTERED AGENT MUST SIGN

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
MGMR	TELMEX INTERNATIONAL		200003851592--8 03/13/01--01127--010 ****150.00 ****150.00
	VENTURES USA INC	9444 FARNHAM ST #200	SAN DIEGO CA 92123
MGMR	TELMEX INTERNATIONAL, INC.	1105 N. MARKET ST. #1300	WILMINGTON, DE 19801

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

X *Alfonso Lara* C.F.O.

Date 20-DEC-00 Daytime Phone # (858) 505 3900

Typed or printed name of signing Managing Member/Manager

ALFONSO LARA

CR2E041 (9/00)