

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC 17 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005987

1. Corporation Name

ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1920 E HALLANDALE
BEACH BLVD #805
HALLANDALE FL 33009
US

1920 E HALLANDALE BEACH BLVD
STE #805
MIAMI FL 33009
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1995

5. FEI Number

65-0636887

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHAPIRO, STEVE	METRO OFFICE PARK #6 EDIF. CELLU	GUAYNABO, P.R. 00969
D	Wior, Mauricio	Tucuman 744 2nd. Floor	Buenos Aires, Argentina
D	LANDOLFO, SANTO	% TELCEL AVE. PRINCIPAL LOS CORT	CARACAS, VENEZUELA
D	TRONCOSO, MARCOS	% TRICONN LOPE DE VAGA NO. 95	DOMINICAN REPUBLIC
D	KELLER, PATRICIA	2000 DIANA DR #208	HALLANDALE FL
D	Halvas, Jorge	Av. Prolong. Paseo de la Reforma 1236, Del. Cuajimalpa	DF, Mexico

8. Name and Address of Current Registered Agent

LACASA, ARMANDO E ESQ.
3791 CORAL WAY
3RD FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
Patricia Keller
Street Address (P.O. Box Number is Not Acceptable)
1920 E. Hallandale Bch. Blvd.
Suite, Apt. #, Etc.
Suite 805
City
Hallandale
State
FL
Zip Code
33009
200002713432-1
-12/22/98-01076-034
****175-0330095.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

200002713432-1
-12/22/98-01076-034
****175-0330095.00
****175-0330095.00

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA KELLER 11/17/98 (954)456-8777

Date

Daytime Phone #

CR2E040 (9/98)