

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 99000002230**

1. Corporation Name

TELE KREYOL, INCORPORATED

300023020883
09/12/03--01056--005 **367.50

REINSTATEMENT 00-03

09-19-06 90098 001 \$61.25

2. Principal Office Address 3170 PELLMELL DR.		3. Mailing Office Address P.O. BOX 682554	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32818	Country ORANGE	Zip 32868	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 04/07/1999	
5. FEI Number 59-3571447	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **MERITE ALTINE**
Street Address (P.O. Box Number is Not Acceptable) **3170 PELLMELL DR.**
Suite, Apt. #, Etc.
City **ORLANDO, FL** State **FL** Zip Code **32818**

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

Merite Altine
REGISTERED AGENT MUST SIGN

Date **8/18/2003**

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	MERITE ALTINE	3170 PELLMELL DR.	ORLANDO, FL 32818
V	EDDY ALTINE	9018 SW 150 TH AVE	MIAMI, FL 33196
D	ROBERT ALTINE	3170 PELLMELL DR.	ORLANDO, FL 32818

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:

Edy Altine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDY ALTINE

8/18/2003 786-286-6351

Date

Daytime Phone #

CR2E081 (10/02)