PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015060

1. Corporation Name
Bistel Corp.

2. Principal Office Address
3530 Mystic Pointe Drive
Suite, Apt. #, etc.
Suite 1410
City & State
Aventura, FL
Zip 33180 Country US

3. Mailing Office Address
3530 Mystic Pointe Drive
Suite, Apt. #, etc.
Suite 1410
City & State
Aventura, FL
Zip 33180 Country US

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida
February 11, 2000

5. FEI Number
65-0987842
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
Pedro H. Chavez
500004764645--5
-01/10/02--01030--026
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable)
3530 Mystic Pointe Drive

Suite, Apt. #, Etc.
Suite 1410
500004764645--5
-01/10/02--01030--027
******8.75 ******8.75

City
Aventura
State FL Zip Code 33180

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 Pedro Chavez Pedro Chavez
REGISTERED AGENT MUST SIGN
Date 12/22/01

CR2E081 (8/00)

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
P,T,D	Pedro H. Chavez	3530 Mystic Pointe Dr. Suite 1410	Aventura, FL 33180
VP,S,D	Gregorio Martinez	3530 Mystic Pointe Dr. Suite 1410	Aventura, FL 33180
D	Mauricio Beltran	5609 N.W. 113th Court	Miami, FL

LS

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: Pedro Chavez 12/22/01 (305) 918-7578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #