## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATI ISTATEMI	7 1413	Se	EPARTMENT OF STAT ecretary of State on of corporations		03 OCT 20 AF	₹10: 13
DOCUMENT #P00000   55 46  1. Corporation Name				TALLAHASSEE, FLORIDA			
ST	Telecom	Inc					
2. Principal Office Address 9422 SW 140th Court		3. Mailing Office Address 4536 SW 186th Way			•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			porated or Qualified Fel	b,14,2000	
City & State Miami, Florida		City & State Miramar , Florida		5. FEI Numbe	990399	Applied For	
Zip 33186		Country USA	<sup>Zip</sup> 33029	Country USA	6.		8.75 Additional Fee require for a Certificate of Status
			7. Nan	ne and Address of Current Regi	stered Agent		
i	Name Samir Aued						
	Street Address (P.O. Box Number is Not Acceptable) 4536 SW 186th Way					)0002392 20/0301008	24620 010 **10.00
	Suite, Apt. #	t, Etc.					
	City Mira	amar , Florida				State Zip Code FL 33029	
8. I, being Signature of Registered /	f	Jun	· Hi	ion, am familiar with and accept the	e obligations of secti	Date Oct/10/20	
9. Names	and Street Add	dresses of Each Officer ar	d/or Director (Florid	a nonprofit corporations must list a	at least 3 directors)		
Titles		Name of		Street Address of E	ach	City / 5	State / Zio

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
P/V	Vanessa da Silva	4536 SW 186 Way	Miramar , FL 33029				
D	Samir Aued	4536 SW 186 Way	Miramar , FI 33029				
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, <del></del>							

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 filling 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 ARP TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct/10/03

954-4991780

Date

Daytime Phone #

222

## ST Telecom Inc.

Tel: 954-499 1780

Date: 10th of October, 2003

To: Department of State- Division of Corporations

From: ST Telecom Inc.

Subj.: Uniform Business Report 2003

Pages: 1

Dear Sir or Madam,

We would like to inform that ST Telecom INC has not received so far the 2003 Uniform Business Report by mail, as it has happened during the last years.

In order to avoid additional delays and correct this situation, we are sending you attached the corporation reinstatement form and the U\$150,00 check.

Please, let us know if you have any question,

Thanks for your cooperation.

t elecom Inc