

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 1:18

DOCUMENT # P00000030084

1. Corporation Name

AMAFLA TELECOM, INC.

2. Principal Office Address

444 Brickell Avenue

Suite, Apt. #, etc.

Suite 309

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

444 Brickell Avenue

Suite, Apt. #, etc.

Suite 309

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/00

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Keith H. Stolzenberg, Esq.

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

1101 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Miami

State
FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

2/15/02

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	Luis Chumaceiro	444 Brickell Ave., Ste.309	Miami, Florida 33131
V/S/D	Carlos Villasmil	444 Brickell Ave., Ste.309	Miami, Florida 33131
V/D	Alberto Villasmil	444 Brickell Ave., Ste.309	Miami, Florida 33131

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:

, Luis Chumaceiro

Date

2/15/02

(305) 679-9943

Daytime Phone #

CS25081 (9/01)