## 2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							学日节	U	_		
DOCUM 1. Entity Name AMAFLA	е	# P00000030 M, INC.	084	34			SECRETARY OF STATE DIVISION OF CORPORATIONS  O4 OCT 27 PM 4:58				
Principal Place of Business 444 BRICKELL AVENUE SUITE 309 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE SUITE 309 MIAMI, FL 33131				04 9000	2 0	03		OD
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10202004	REIN-P	CR2E	98 (6/04)		
City & State			City & State			4. FEI Number Applied For Not Applicable					}
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
· · · · · · ·	6. Name	and Address of Current F	legistered Agent		7. Name and	Address of New Re	gistered A	gent		1	
<del></del>				Name	-					1	
1401 BRIC	KELL AVI	EITH H ESQ ENUE	·	Street Address	dress (P.O. Box Number is Not Acceptable)					<u>.</u>	
SUITE 825 MIAMI, FL						, <u></u>					
					City			FL	Zip Cod	e	]
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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		EE IS \$750.00 05, Fee will be \$900.0	<b>o</b>								
10,		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	1
TITLE	PTD	<u></u> ."	☐ Delete	TITL					☐ Change	☐ Addition	1
NAME	CHUMAC	EIRO, LUIS		NAM	ΛE .					_	
STREET ADDRESS	444 BRIC	KELL AVE., STE. 309		STR	EET ADORESS						
CITY-ST-ZIP	MIAMI, FI	_ 33131		CITY	Y-ST-ZIP						
TITLE	VSD		☐ Delete	TITL	LE .				Change	☐ Addition	
NAME		IL, CARLOS		NAN							
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	KELL AVÉ., STE. 309 _ 33131			EET ADDRESS Y-ST-ZIP						
TITLE	DV		☐ Delete	TITL	.Ε				☐ Change	☐ Addition	]
NAME		IL, ALBERTO		NAN							
STREET ADDRESS City-St-Zip	MIAMI, FL	KELL AVE., STE. 309			EET ADDRESS Y-ST-ZIP						
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STREET ADDRESS				STR	REET ADDRESS						
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CITY-ST-ZIP	L	<del></del>			Y-ST-ZiP					<del></del> .	1
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and fact my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered tolexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an active an appear of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver or trustee empowered tolexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an active and the corporation of the receiver of the corporation of the receiver or trustee empowered to the receiver of the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation of the corporation or the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver of the corporati											
SIGNATURE: 10-20-04 305-67999											
		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	D	aytime Phone #		1

## Amafla Telecom, Inc.

To: Florida Department of State Division of Corporations

Attached please find our revised 2004 For Profit Corporation Reinstatement Form.

The original form was sent on September 28, 2004 and the corporation was still cancelled because it did not include our FEI number. In this revised version the number is included.

Please take the necessary steps to correct this situation.

If you need to contact me please call me at 305-297-4476.

Thank you very much.

Carlos Villasmil

Amafla Telecom, Inc.

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444 Brickell Avenue Suite 309 Miami, FL 33131 Phone: (305) 679-9943

Fax: (305) 679-9954