

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000030084**

1. Corporation Name

AMAFLA TELECOM, INC.

Principal Place of Business

Mailing Address

**444 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131**

**444 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	CHUMACEIRO, LUIS	444 BRICKELL AVE., STE. 309	MIAMI FL 33131
VSD	VILLASMIL, CARLOS	444 BRICKELL AVE., STE. 309	MIAMI FL 33131
DV	VILLASMIL, ALBERTO	444 BRICKELL AVE., STE. 309	MIAMI FL 33131

300024101909
10/27/03--01019--007 **750.00

10/13/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STOLZENBERG, KEITH H ESQ
1101 BRICKELL AVENUE
SUITE 1400
TAMPA FL 33131**

Name
Stolzenberg, Keith H., Esq.
Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Avenue
Suite, Apt. #, Etc.
Suite 825
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/13/03**

11. 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:

[Signature]
Luis Chumaceiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

(305) 679-9943

Daytime Phone #

CR2E040 (7/03)