

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 30 PM 4:33

DOCUMENT # P00000030162

1. Corporation Name

TELEFONICA MOVILES USA, INC

2. Principal Office Address

1221 BRICKELL AVE.

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

6TH FLOOR

Suite, Apt. #, etc.

21ST FLOOR c/o Patricia Menendez

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

MIAMI-DADE

Zip

33131

Country

MIAMI-DADE

**REINSTATEMENT**

12/9/02 01034 001 \$750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2000

5. FEI Number

65-0991719

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
**FL**

Zip Code

32301-2525

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

**Brian Courtney**

**Asst. V. Pres.**

Date

12/30/02

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
D	MARTIN, GONZALO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
S	MENENDEZ CAMBO, PATRICIA	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 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:

*P. M. Cambo*

Patricia Menendez Cambo

12/27/2002 (305)579-0766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)