

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000063526

1. Corporation Name

TELEFONICA B2B, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -2 PM 12:36

Principal Place of Business

Mailing Address

1221 BRICKELL AVE., SUITE 2100  
C/O PATRICIA MENENDEZ  
MIAMI FL 33131

1221 BRICKELL AVE., SUITE 2100  
C/O PATRICIA MENENDEZ  
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

06/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1105063

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HERNANDEZ, RAFAEL	1221 BRICKELL AVENUE, 7000	MIAMI FL 33131
DCEO	GERARD, JERONIMO	1221 BRICKELL AVENUE, 7000	MIAMI FL 33131
DS	MENENDEZ-CAMBO, PATRICIA	1221 BRICKELL AVENUE, 7000	MIAMI FL 33131
<del>VS</del>	<del>CARRIGO, SILVIA M</del>	<del>1221 BRICKELL AVENUE, 7000</del>	<del>MIAMI FL 33131</del>
			100025168381

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Brian Courtney  
Asst. V. Pres.

Date

12/2/03

REGISTERED AGENT MUST SIGN

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:

*Patricia Menendez-Cambo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/2003  
Date

(305) 579-0766  
Daytime Phone #

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 342458 4303929

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ 750.00

ORDER DATE : December 2, 2003

ORDER TIME : 1:35 PM

ORDER NO. : 342458-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Antje Becker  
Greenberg Traurig, P.a.  
18th Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

RECEIVED  
03 DEC -2 PM 2:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: TELEFONICA B2B, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_