

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000065464

1. Corporation Name

TELE COLOMBIA, INC

2. Principal Office Address

ONE SE 3rd AVENUE

Suite, Apt. #, etc.

SUITE 1445

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

ONE SE 3rd AVENUE

Suite, Apt. #, etc.

SUITE 1445

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT

CR2E081 (12/05)

02-06 RSC

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEL Number

65-1021650

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

JOHN M. STANISE

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

401 FILLOY STANISE & CO, ONE SE THIRD AVE

Suite, Apt. #, Etc.

SUITE 1445

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

[Signature]

Date

4/10/06

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>DUQUE R. SAMUEL</u>	<u>ONE SE 3rd AVE # 1445</u>	<u>MIAMI, FL 33131</u>

000073761710

05/02/06--01062--032 **1500.00

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 contained in Chapter 119, 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] SAMUEL DUEQUE

SIGNATURE AND TYPE COLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/30/06 571.340 3734

Daytime Phone #