

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000096531

1. Corporation Name

SLD COMMUNICATIONS, INC.

2. Principal Office Address

3995-A Park Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

Miami-Dade

3. Mailing Office Address

3995-A Park Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

Miami-Dade

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

10/13/00

5. FEI Number

☒ 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

STEWART A. MERKIN, ESQ.

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

444 Brickell Avenue, Suite 300

Suite, Apt. #, Etc.

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 11-01-01

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
D/S	LOUIS-DREYFUS, IRENE	3995-A Park Avenue	Miami, FL 33133
D/P	ENNAHOU, HASSAN	3995-A Park Avenue	Miami, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hassan Ennahou, President &
Director

Date

11/01/01 786 268 0024

Daytime Phone #

FILED

01 NOV 13 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700004733287--2

-12/13/01--01067--005

****750.00 ****750.00

700004733287--2

-12/13/01--01067--005

7500000.00 ****750.00

REINSTATEMENT 2001