

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 17 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000019317**

1. Corporation Name

Team Telecom Holdings, Inc.

2. Principal Office Address

2828 Coral Way

3. Mailing Office Address

2828 Coral Way

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/2001

5. FEI Number

65-1101450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fausto Alvarez

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

2828 Coral Way

Suite, Apt. #, Etc.

Suite 300

City

Miami

State
FL

Zip Code
33145

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]

REGISTERED AGENT MUST SIGN

Date January 16th, 2003

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
P,S,D	Fausto Alvarez	2828 Coral Way, Suite 300	Miami, Florida, 33145
D	Victoria E. Carreno	19355 N.E. 10th Avenue, Suite 508	Miami, Florida, 33179

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TEAM TELECOM HOLDINGS, INC.
DOC. # P01000019317

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR REQUEST I AM ENCLOSING THE REINSTATEMENT FORM
ALONG WITH A CHECK PAYABLE TO THE FL. DEPT OF STATE, I FURTHER
STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE
2002 UNIFORM BUSINESS REPORT. PLEASE NOTE THAT I HAVE CHANGED
MY PRINCIPAL AND MAILING ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



FAUSTO ALVAREZ
PRESIDENT