

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 JUL 25 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 24346

1. Corporation Name

DORETEL COMMUNICATIONS, INC.

*[Handwritten Signature]*

2. Principal Office Address

381 East Sheridan Street

Suite, Apt. #, etc.

401

City & State

Dania

Zip

33004

Country

USA

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

March 1, 2001

5. FEI Number

65-1081210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Rene Vicioso

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

381 East Sheridan Street

Suite, Apt. #, Etc.

401

City

Dania Beach

State

FL

Zip Code

33004

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

*[Handwritten Signature: Rene Vicioso]*

REGISTERED AGENT MUST SIGN

Date

7/23/03

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	Rene Vicioso Jr.	381 East Sheridan Street Suite 401	Dania Beach, FL 33004

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:

*[Handwritten Signature: Rene Vicioso]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/23/03

Daytime Phone #

(954) 925-8609

CR2E081 (10/02)