

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000033681**

1. Corporation Name

Santo Tel, Inc

2. Principal Office Address

3550 NW 32nd Ave

3. Mailing Office Address

Same as office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2001

5. FEI Number

65-108-8296

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

Ilnor Polo

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

3550 NW 32nd Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date 11/21/2002

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
CEO	Ilnor Polo	1141 NW 13th Street # 1	Boca Raton, FL 33486

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

Date

11-21-02

Daytime Phone #

CR2E081 (9/01)

Santo Tel, Inc
3550 NW 32nd Ave
Fort Lauderdale, Fl 33309

November 22, 2002

Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

RE: Requested to Waive/Reduce Reinstatement Charges

To Whom It May Concern:

Per my conversation with one of your representative this morning, I am requesting \$750.00 fee to be reduced to \$150.00 because of non-receipt of notification for renewal in the mail; due to address change. I have enclosed the following documents towards the application for reinstatement of our corporation, which apparently had been dissolved for non-payment:

- The Reinstatement Form
- Money Order in the amount of \$150.00

Thank you and let me know if you are in need of additional information.

Sincerely,



Ilner Polo
Chief Executive Officer

IP:

Enclosures