


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION
 **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 APR 17 AM 9:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000090916

1. Corporation Name

Tele-Cecucch, Inc

2. Principal Office Address

10585 SW 109th Court

Suite, Apt. #, etc.

201

City & State

Miami, Fl

Zip

33176

Country

US

3. Mailing Office Address

PO Box 24638 GCC

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl

Zip

33416

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

9-17-2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BUROSERV.

300012709633

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

10585 SW 109th Court

Suite, Apt. #, Etc.

201

City

Miami

State
FL

Zip Code

33176

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

Francisco De La Paz

Date 2-13-2003

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
P _D	Morisset, Michel	10585 SW 109th Ct #201	Miami, Fl 33176
S _D	Chappuis, Claire	10585 SW 109th Ct #201	Miami, Fl 33176
T _D	Josue, Jean	10585 SW 109th Ct #201	Miami Fl 33176

02-03 UDR TS

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

2-13-03

Date

305-887-1114

Daytime Phone #

CR25081 (10/02)

TELE-CECUCCH, INC

page 2 of 2

February 12, 2003

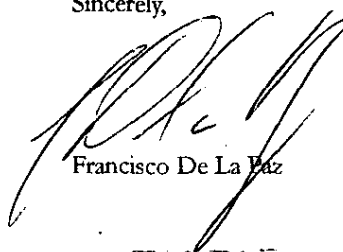
Florida Department of State
Division of Corporations
Reinstatement Section

Dear Sir or Madam:

Attached you will find reinstatement form for our entity and applicable payment, please waive penalty fee due to not having receive UBR form. **For year 2002.**

Feel free to contact me if any other information is needed.

Sincerely,



Francisco De La Paz