

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # **P01000102161**

1. Corporation Name

TELETEC USA, INC.

Principal Place of Business

Mailing Address

**500 GOLFPARK DRIVE
CELEBRATION FL 34747**

**500 GOLFPARK DRIVE
CELEBRATION FL 34747**



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

Suite, Apt. #, etc.

215 Celebration Pl.

Suite, Apt. #, etc.

215 Celebration Pl.

City & State

Celebration, FL

City & State

Celebration FL

Zip

FL 34747

Country

Zip

34747

Country

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EL BANNA, AHMED	500 GOLFPARK DRIVE	CELEBRATION FL 34747
D	EL HERAKY, SAHAR	500 GOLFPARK DRIVE	CELEBRATION FL 34747

000000724990
10/31/02--01047--007 **750.00

8. Name and Address of Current Registered Agent

**COLOMBO, CARLOS M
315 E ROBINSON ST STE 600
ORLANDO FL 32801**

9. Name and Address of New Registered Agent

Name

Chastang Ferrell Sims + Eiserman LLC

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

1400 W. Fairbanks Ave. #102

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
ELBANNA - Ahmed

Date

10-23-2002

Daytime Phone #

407 3837999

CR2E040 (8/02)