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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
**02-034BR**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 9 AM 8:14

DOCUMENT # P01000117982

1. Corporation Name

Telecom Logix Inc.

2. Principal Office Address

7243 NW 54 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33146

Country

USA

3. Mailing Office Address

7243 NW 54 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33146

Country

USA

200021649432  
07/18/03--01079--036 \*\*150.00

6/16/02 90696 038 150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/01

5. EEI Number

05-1158759

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

MAURICE LOPES

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

1081 BEE AIR DRIVE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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

7/7/03

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
Mr.	Richard Edick	7243 NW 54 ST.	MIAMI, FL 33146
Mr.	Maurice Lopes	7243 NW 54 ST.	MIAMI, FL 33146
Mr.	Heiko Stuenkel	7243 NW 54 ST.	MIAMI, FL 33146

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03  
Date

(305) 5944444  
Daytime Phone #

CR2E081 (10/02)



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7243 NW 54 STREET  
Miami, Fl. 33166  
305-944-4444 PH.  
305-594-4442 FX.

April 2, 2003

Florida Dept. of State  
Corporate Filing

Dear Sir or Madam:

This letter is to inform you that the enclosed document was corrected and sent out on 10/31/02. The attached check was cashed and applied to 2002. The same information will apply to this year, 2003. I have enclosed a check in the amount of 150.00 for this years filing. I ask that you please waive the reinstatement fee of 600.00 due to the fact that I had submitted my documents in a timely manner., and the check was deposited and applied to 2002.

Our current status under Sunbiz.org is currently inactive, please take all measures to correct this. Please feel free to contact me at the numbers above should you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christie", written over a horizontal line.

Christie Canton  
Office Manager

**COPY**