

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 8:00

DOCUMENT # **P02000028560**

1. Corporation Name

SUPER-TEL.COM, INC.

REINSTATEMENT 03

Principal Place of Business

16500 NW 7TH AVE.
303
MIAMI FL 33169

Mailing Address

16500 NW 7TH AVE.
303
MIAMI FL 33169

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

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Dir	THOMAS E. TERWILLIGER	16500 NW 7TH Ave	MIAMI FL 33169
Pres	DAVID VIDAL	SAME	SAME

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIDAL, DAVID
16500 NW 7TH AVE.
303
MIAMI FL 33169

Name
THOMAS TERWILLIGER
Street Address (P.O. Box Number is Not Acceptable)
16500 NW 7TH Ave
Suite, Apt. #, Etc.
Suite 303
City
Miami
State
FL
Zip Code
33169

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]
REGISTERED AGENT MUST SIGN

Date **11/10/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] DIRECTOR

Date

11/10/03

Daytime Phone #

305-628-9082

CR2E040 (7/03)

Super-Tel.Com, Inc.
16500 N.W. 7th Ave.
Suite 303
Miami, Florida 33169
305 628 9082
fax 305 628 9332
November 10, 2003

State of Florida
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

Dear Sir or Madam:

2003 UBR

We wish to ask forbearance and waiver of any late charges associated with the reinstatement of the above titled corporation. We did not and have not received any notices(s) relative thereto except receipt of the "Certificate of Administrative Dissolution". Please accept the attached check in the amount of \$150.00 for full payment of the fees needed to reinstate Super-Tel.Com, Inc.

Thank you for your prompt attention.

Sincerely,



Tom Terwilliger
For
Super-Tel.Com, Inc.