

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -5 PM 4:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063411

1. Entity Name
ONE WORLD TELECOM, INC.



Principal Place of Business
3775 KUMQUAT AVENUE
MIAMI, FL 33133

Mailing Address
3775 KUMQUAT AVENUE
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302008

REIN-P

CR2E098 (1/07)

4. FEI Number
04-3708629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Villanueva & Bajandas, LLP
1000 Brickell Avenue, Suite 200
Miami, Florida 33131

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-31-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LAMOTHE, LAURENT
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 250
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME 000137858780
STREET ADDRESS 11/12/08--01052--009 **150.00
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME OLLOQUI, RAFAEL
STREET ADDRESS 2620 SW 27TH AVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPDE ☐ Delete
NAME BAKER, PATRICE
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 250
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PROANO, ANDRES
STREET ADDRESS 2620 SW 27TH AVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR PATRICE BAKER, VP

10/31/08 (30) 377-0086

Date

Daytime Phone #