

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000122916

1. Corporation Name

TELESET HOLDINGS INC.

2. Principal Office Address - No P.O. Box #

c/o Arista Law

Suite, Apt. #, etc.

2655 S. Le Jeune Road, 5th Floor

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A

3. Mailing Office Address

NRAI Services, Inc.

Suite, Apt. #, etc.

2731 Executive Park Drive, Ste. 4

City & State

Weston, FL

Zip

33331

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Eduardo R. Arista, Esq.

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

2655 South Le Jeune Road

Suite, Apt. #, Etc.

5th Floor

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|-----------------------------------|--|--------------------|
| D, P | Jose Antonio De Brigard | Calle79A # 8-63 Piso 6 | Bogotá, Colombia |
| D, VP | Felipe Boshell | Calle79A # 8-63 Piso 6 | Bogotá, Colombia |
| D, S | Lic. Luis Felipe Barrios | Calle79A # 8-63 Piso 6 | Bogotá, Colombia |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 AUG -2 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900182620809
06/25/10--01027--005 **600.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida 11/18/2002

5. FEI Number
06 1694407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900182620809
08/02/10--01051--009 **700.00

REINSTATEMENT

06-10

4/1/10

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