

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 AM 11:20

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000 127 048

1. Corporation Name

Fast Telecommunications Corp.

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

4439 Foxtail Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

4439 Foxtail Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified To Do Business in Florida 11/5/03

5. FEI Number

20-0392845

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

Luis F. Buitrago

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

4439 Foxtail Lane

Suite, Apt. #, Etc.

City Weston

State

FL

Zip Code

33331

☒ 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.

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

Date 05/04/07

REGISTERED AGENT MUST SIGN

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
P	Luis F. Buitrago	4439 Foxtail Lane	Weston, FL 33331
T	Luis F. Buitrago	4439 Foxtail Lane	Weston, FL 33331

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 contained in Chapter 119, 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

Date

Daytime Phone #

05/04/07 7863569793