

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 25 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800136580028  
10/02/08--01046--013 \*\*100.00

800136580028  
10/02/08--01046--014 \*\*500.00

REINSTATEMENT 05-08

CR2E081 (12/07)

DOCUMENT # P04000141691

1. Corporation Name

TELEXPRESS ATLANTIC CORP.

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

6506 W ATLANTIC

Suite, Apt. #, etc.

3. Mailing Office Address

BLVD SAME

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

Zip

33063

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/13/2004

5. FEI Number

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 MARIA ROSARIO ARCE

Street Address (P.O. Box Number is Not Acceptable) 6506 W ATLANTIC BLVD

Suite, Apt. #, Etc.

City MARGATE

State FL

Zip Code 33063

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

*Maria Rosario Arce*  
REGISTERED AGENT MUST SIGN

Date 9-24-08

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	MARIA ROSARIO ARCE	6506 W ATLANTIC BLVD	MARGATE FL 33063

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:

*Maria Rosario Arce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-08

Date

Daytime Phone #

m.a./25