• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 20 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # P04000148956

1. Corporation Name
Prepaid Telephony Services Inc.

2. Principal Office Address	3. Mailing Office Address
1000 Brickell Ave	1000 Brickell Ave
Suite, Apt. #, etc. Suite 1020	Suite, Apt. #, etc. Suite 1020
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/29/2004

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: Villanueva, Bajandas & Lie Legott, LLP
Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue
Suite, Apt. #, Etc.: Suite 1020
City: Miami | State: FL | Zip Code: 33131

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 10/20/2006
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
PDS	Alberta Lucia Hipolito	1000 Brickell Ave Ste 1020	Miami, FL 33131
AS	Ricardo Bajandas	1000 Brickell Ave Ste 1020	Miami, FL 33131

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: Ricardo Bajandas 10/20/06 305-377-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RICARDO BAJANDAS, P.A.
Account Number : 110263002111
Phone : (305)377-0809
Fax Number : (305)377-0781

CORPORATION REINSTATEMENT

PREPAID TELEPHONY SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00