

2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000046604

1. Entity Name
CORTEL, INC.



FILED

06 SEP 22 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
351 S CYPRESS RD #305
POMPANO BEACH, FL 33060

Mailing Address
351 S CYPRESS RD #305
POMPANO BEACH, FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212006

REIN-P

CR2E098 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSIO, GIOVANNI
351 S CYPRESS RD #305
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CASSIO, GIOVANNI
STREET ADDRESS 351 S CYPRESS RD #305
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500080312005
09/29/06--01063--005 **150.00

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

K. Eckel SEP 25 2006

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Cortel, Inc.
351 S. Cypress Rd. Suite 305
Pompano Beach, FL 33060
PH: 888-545-4250 FX: 888-692-7126

September 21, 2006

Reinstatement Section
Division of Corporations
Clifton Bldg
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Annual Report

To Whom It May Concern:

We sent a money order for our annual report back in late March of this year. However, it recently came to our attention that you did not get it as you dissolved us administratively. It appears that the US postal service may have lost it as it has not come back to us. We wish it had been brought to our attention sooner as we would have acted far sooner than now. We graciously request that all fees and penalties accrued for being late including reinstatement be waived under the circumstances. We would appreciate any and all cooperation in this matter.

Sincerely,



Giovanni Cassio
President