

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000084435					
1. Entity Name <b>ALTERNATEL, INC</b>					
Principal Place of Business <b>1840 SOUTHWEST 22ND STREET MIAMI, FL 33145</b>			Mailing Address <b>ONE KENDALL SQUARE BUILDING 300 2ND FLOOR CAMBRIDGE, MA 02139</b>		
2. Principal Place of Business - No P.O. Box # <b>8200 Pines Boulevard</b>		3. Mailing Address <b>8200 Pines Boulevard</b>			
Suite, Apt. #, etc. <b>/</b>		Suite, Apt. #, etc. <b>/</b>			
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>		4. FEI Number <b>20-2981351</b>	
Zip <b>33024</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Frank Wendorff</b> Street Address (P.O. Box Number is Not Acceptable) <b>8200 Pines Boulevard</b> City <b>Pembroke Pines, FL</b> Zip Code <b>33024</b>		
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  <small>Signature, typed or printed name of registered agent, or both, if applicable</small>				DATE <b>2/19/2007</b>	
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS GREENFIELD, MOSES 1840 SOUTHWEST 22ND STREET MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS GULAKOS, NICKOLAS 1840 SOUTHWEST 22ND STREET MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>NICK GULAKOS</b> 03-07-07 781-391-9008					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-07-07

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