

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006167

1. Corporation Name

TELEWARES, INC.

Principal Place of Business

22783 SO STATE ROAD 7
SUITE 104
BOCA RATON FL 33428-5427

Mailing Address

22783 SO STATE ROAD 7
SUITE 104
BOCA RATON FL 33428-5427

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

11/18/1992

5. FEI Number

65-0380970

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STEFEL, ELYSE	22783 SO STATE ROAD 7 STE. 104	BOCA RATON FL 33428
D	STEFEL, BARRIE	22783 SO STATE ROAD 7 STE. 104	BOCA RATON FL 33428
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REINSTATEMENT

8. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A
4440 PGA BLVD
SUITE 402
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name BARRIE STEFEL
Street Address (P.O. Box Number is Not Acceptable)
22783 SO STATE RD 7
Suite, Apt. #, Etc.
SUITE 104
City BOCA RATON State FL Zip Code 33428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-2-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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

[Signature]

Date

Daytime Phone #

12-2-97 (954) 346-4468

CP-2040 (8/97)