

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 13 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007955

1. Corporation Name

TELE-VISIONES COMMUNICATIONS CORP.
100 GOLDEN ISLES DRIVE APT. # 302

SAME
SAME

2. Principal Office Address

SAME

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

UNITED STATES

Zip

33009

Country

UNITED STATES

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-30-1992

5. FEI Number

65-0372783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

GUILLERMO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

10729 S.W. 104TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

12-9-04

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
PD	JORGE CONCEPCION	100 GOLDEN ISLES DRIVE APT 303	HALLANDALE, FLORIDA 33009

650049492776
12/13/04--01051--014 **1058.75

R. Ruiz

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 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

12-9-04

Date

Daytime Phone #

(305) 279-1288

CR2E081 (01/04)