2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000068079

1. Entity Name
V-TEL CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 27 AM 9:59

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
2360 W 68 ST BAY 106 & 107 HIALEAH, FL 33016	2360 W 68 ST BAY 106 & 107 HIALEAH, FL 33016

02222006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
9924 PINES BLVD	14330 GLENCAIRN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: MIAMI LAKES, FL
Zip: 33024 Country	Zip: 33016 Country

4. FEI Number: 65-0453065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAY, CARLOS A
250 BIRD RD
SUITE 301
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: RAUL RIVERO
Street Address (P.O. Box Number is Not Acceptable): 14330 GLENCAIRN RD
City: MIAMI LAKES FL Zip Code: 33016

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: RAUL B. RIVERO 2/23/06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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	P RIVERO, RAUL 1050 SW 137 CT MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14330 GLENCAIRN RD MIAMI LAKES, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RIVERO, ANA M 1050 SW 137 CT MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14330 GLENCAIRN RD MIAMI LAKES, FL 33016
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: RAUL B. RIVERO 2/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #