

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

-Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -5 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000024507

1. Corporation Name

medley International Teleport INC

2. Principal Office Address

6045 SW 45th Street

Suite, Apt. #, etc.

3. Mailing Office Address

6045 SW 45th Street

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip Country

33314 USA

City & State

DAVIE FL

Zip Country

33314 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65 06 42 210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK CASSIDY

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

10670 NW 25th ST

Suite, Apt. #, Etc.

DAVIE, FL

City

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-18-2000

9. Names and Street Addresses of Each Office 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
President	Frank Cassidy	10670 NW 25 th Street	DAVIE, FL 33324
Secretary	Phyllis Cassidy	10670 NW 25 th Street	DAVIE, FL 33324

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

Date

Daytime Phone #

12-18-2000 954 742 9649

CR2E081 (9/99)