

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

page 1 of 2

97 FEB -6 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P940000026413

1. Corporation Name

1996-97 AR

Telecommunication Consulting Group Inc.

Principal Place of Business

Mailing Address

934 N. University Drive Suite 111  
Coral Springs, Fl. 33071

300002084309--1  
-02/11/97--01158--019  
\*\*\*\*365.00 \*\*\*\*365.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

4-6-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-055-8970

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P, V, T	Alian Moreno	941 Lyons Rd #5208	Coconut Creek, Fl. 33063

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alian Moreno  
941 Lyons Rd. #5208  
Coconut Creek, Fl. 33063

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Alian Moreno*

REGISTERED AGENT MUST SIGN

Date 2-6-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Alian Moreno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 (954) 984-9091

Date

Daytime Phone #

CR2E040 (12/96)

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Telecommunication Consulting Group Inc.  
934 N. University Drive, Suite 111  
Coral Springs, FL 33071  
Tel (800)971-1389  
Fax(954)984-9091

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

February 6, 1997

Dear Ms. Mortham:

We never received the 1996 Annual Report Form, so we are requesting to please waive the reinstatement fee.

Sincerely,

A handwritten signature in cursive script, appearing to read "Allan Moreno".

Allan Moreno  
President