

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

00-01
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:00

DOCUMENT # **P94000050194**

1. Corporation Name

TELETALIA, INC.

Principal Place of Business

4840 N.W. 7 ST.
MIAMI FL 33126
US

Mailing Address

4840 N.W. 7 ST.
MIAMI FL 33126
US



REINSTATEMENT

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

07/01/1994

5. FEI Number

65-0503223

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	VALDES, LEANDRO	4840 N.W. 7 ST.	MIAMI FL
DT	VALDES, TERESA	4840 N.W. 7 ST.	MIAMI FL

000004880250--8
-02/05/02--01044--006
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

VALDES, LEANDRO
7101 W. 24TH AVE. #46
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

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

4840 NW 7 ST.
Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

TERESA VALDES
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/17-01

11. 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.

AD

SIGNATURE:

TERESA VALDES
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17-01

Daytime Phone #

305 4437879

CR2E040 (9/00)