

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

1997 JUL 28 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000077126**

1. Corporation Name

Telephonica International Inc.
WA7-15286

Principal Place of Business

Mailing Address

1521 Alton Rd Apt 5-307
Miami FL 33139

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10022

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

10/24/94

5. FEI Number

650592971

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Raul Alues	515 E 72nd St NY 10021	500002258345--9 -08/05/97--01085--006 *****8.75 *****8.75
Vice Pres.	Victor Alues	220 E 65th St NY 10021	500002258345--9 -08/05/97--01085--005 ***1080.00 ***1080.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Carolyn

9. Name and Address of New Registered Agent

Name

Carolyn Dawson

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

1521 Alton Rd

Suite, Apt. #, Etc.

City

Miami FL

State

Zip Code

FL

33139

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

REGISTERED AGENT MUST SIGN

Date

4/8/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/8/97

Date

212-7532626

617-277-2277

Daytime Phone #

CR2040 (12/96)