

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 PM 5:17

DOCUMENT # P94000084095

1. Corporation Name
EASTEC COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1755 WEST 60TH STREET HIALEAH FL 33012	1755 WEST 60TH STREET HIALEAH FL 33012



REINSTATEMENT 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	
Suite, Apt. #, etc. D 308		Suite, Apt. #, etc. D 308		11/12/1994	
City & State		City & State		5. FEI Number 65-0536597	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
D	HERNANDEZ, HECTOR	1755 WEST 60TH ST. SUITE D-308	HIALEAH FL 33012
D	PEREZ, JOSE J <i>Delete</i>	1755 WEST 60TH ST. SUITE D-308	HIALEAH FL 33012
D	SEGOVIA, JULIO C <i>Delete</i>	1755 WEST 60TH ST. SUITE D-308	HIALEAH FL 33012

900003510789-6
12/21/00-91077-025
***750.00 ***750.00

PR 12/13

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
HERNANDEZ, HECTOR 1755 W. 60 STREET SUITE D-308 HIALEAH FL 33012	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code FL

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: [Signature] **SIGNATURE REQUIRED** Date: 11-29-00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 10-23-00 Daytime Phone #: 786-236-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR