

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94 00 00 94 344

1. Corporation Name

ABETHRA INC.

500023513645
10/02/03--01053--010 ***150.00

REINSTATEMENT 03

2. Principal Office Address

701 BRICKELL AVE

3. Mailing Office Address

701 BRICKELL AVE

Suite, Apt. #, etc.

1390

Suite, Apt. #, etc.

1390

City & State

MIAMI (FL)

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-1996

5. FEI Number

65-0571701

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

GIORGIO VIEZZOLI

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

701 BRICKELL AVE #1390

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

Giorgio Viezzoli

Date 09-22-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer 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
P	GIORGIO VIEZZOLI	110 RIVO ALTO 3 TH TERRACE	MIAMI / FL / 33139

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:

Giorgio Viezzoli

GIORGIO VIEZZOLI

09-22-03

305-3750019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Aethra Telecommunications
701 Brickell Avenue - Suite 1390
Miami, Florida 33131
Phone 305 375 0010
Fax 305 375 0655
Toll Free 888-4 AETHRA
Video 305 577 3524 - 577 9871



Att. Florida Dept. Of State
September 24, 2003

We just find out that our company was inactive for lack of filing of the annual UBR form and payment.

As you can see from our record since 1994 we never failed to pay the tax on a timely base and for the 2003 we thing the form was either not received or misplaced at our office causing the above situation.

We would very much appreciate if you could wave the penalty accrued in relation to this unfortunate event.

Meanwhile waiting for a kind reply please find enclosed regular fee.

Thank in advance for your help

Best Regards


Alberto Ancidei
CFO Aethra Inc.