PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 97-01 UBL

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

FILED
01 AUG 27 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****765.00 ****765.00

DOCUMENT # P01000014079

1. Corporation Name
Hi Q TeleCom Inc.

2. Principal Office Address	**3.** Mailing Office Address
8281 NW 167 Terr	8281 NW 167 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33016	City & State: Miami, FL 33016
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0574894 — 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: ALFREDO Purrinos

Street Address (P.O. Box Number is Not Acceptable): 8281 NW 167 Terr

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33016

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 _____ REGISTERED AGENT MUST SIGN Date 8/27/01

CR2E081 (9/00)

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
President	ALFREDO Purrinos	8281 NW 167 Terr Miami, FL	Miami, FL 33016
	266.25 - AR		
	10.00 - ARARTS		
	88.75 - ARSupp		
	400.00 - CRA		

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: _____ ALFREDO Purrinos 8/27/01 305 512-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #