

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPROVED
AND
FILED**

1997 APR 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR *AO*
REINSTATEMENT

DOCUMENT # *95000016287*

1. Corporation Name

Contel Rags Inc.

Principal Place of Business

Mailing Address

601 N.W. 7 Street
Miami, FL 33136

601 N.W. 7 Street
Miami, FL 33136

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

601 N.W. 7 Street

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 28, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Miami, Florida

65-0560888

Not Applicable

Zip

Country

Zip

Country

33136

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
Pres/ Sec	Pedro Marti	601 N.W. 7 Street	Miami, FL 33136
			000002143960--9 -04/15/97--01084--005 *****915.00 *****915.00
			000002143960--9 -04/15/97--01084--006 *****8.75 *****8.75

REINSTATEMENT *AO 9/11/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard Burns, Esq.
1500 N.W. 107 Avenue, Suite 200
Miami, Florida 33172

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Richard Burns

REGISTERED AGENT MUST SIGN

Date

4/10/97

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

4/10/97 (305)381-9388

Date

Daytime Phone #

CR2E040 (12/96)