

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 APR 14 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000028914**

1. Corporation Name

TELEBIP TRADING, INC.

Principal Place of Business

150 S.E. 2ND AVE.
#1004
MIAMI FL 33131

Mailing Address

150 S.E. 2ND AVE.
#1004
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~345E 2nd Ave~~

Suite, Apt. #, etc.

~~Suite # 1004~~

City & State

~~Miami, FL~~

Zip

~~33131~~

Country

~~U.S.A~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1995

5. FEI Number

65-0585903

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
PD	CURY, LUIZ C	150 S.E. 2ND AVE. #1004 345E 2nd Ave #1004	MIAMI FL 33131
SD	FILLZOLA, THOMAS C	150 S.E. 2ND AVE. #1004	MIAMI FL 33131
SD	ANDRADE, FERNANDO (ASST)	150 S.E. 2ND AVE. #1004	MIAMI FL 33131
SD	De Jongs, Roberto	201 SW 17th	Miami, FL 33129
			100002143511--9 -04/15/97--01049--011 ***\$915.00 ***\$915.00
			JB4-14-97

8. Name and Address of Current Registered Agent

ANDRADE, FERNANDO
150 S.E. 2ND AVE.
#1004
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **Roberto de Jongs**
Street Address (P.O. Box Number is Not Acceptable)
201 SW 17th
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33129**

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

Roberto de Jongs
REGISTERED AGENT MUST SIGN

Date **4-11-97**

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

Roberto de Jongs

4-11-97 **305-373-8556**
Date Daytime Phone #