

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000043716**

1. Corporation Name

**TELEBIP INTERNATIONAL TRADING INC.**

Principal Place of Business

**34 SOUTHEAST 2ND AVENUE  
SUITE 704  
MIAMI FL 33131  
US**

Mailing Address

**150 S.E. 2ND AVENUE  
#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

**201 S.W. 17 ROAD  
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**201 S.W. 17 ROAD  
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/07/1995**

5. FEI Number

**65-0585903**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

**MIAMI FL**

Zip

**33129**

Country

**USA**

City & State

**MIAMI FL**

Zip

**33129**

Country

**USA**

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
<b>PTD</b>	<b>CURY, LUIS C</b>	<b>34 SE 2ND AVE #704</b>	<b>MIAMI FL</b>
<b>PTD</b>	<b>DE JONG ROBERTO</b>	<b>201 S.W. 17 ROAD</b>	<b>MIAMI FL 33129</b>

000002490600--0

04/16/98 01054-0013

\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

**CURY, LUIZ CLAUDIO  
34 SOUTHEAST 2ND AVENUE  
SUITE 704  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

**DE JONG, Roberto**

Street Address (P.O. Box Numbers Not Acceptable)

**201 S.W. 17 ROAD**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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]*

**ROBERTO DE JONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/98**

Date

Daytime Phone #

FILED

98 APR 14 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

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CP20240 (8/97)