

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 13 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043716**

1. Corporation Name

**TELEBIP INTERNATIONAL TRADING INC.**

Principal Place of Business

~~201 S.W. 17 ROAD~~  
~~MIAMI FL 33125~~  
~~US~~

Mailing Address

~~201 S.W. 17 ROAD~~  
~~MIAMI FL 33125~~  
~~US~~

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

2. New Principal Office Address, If Applicable

**668 N.W. NORTH RIVER DR.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

Zip

**33136**

Country

**US**

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DE ARAUJO, CARLOS	<del>201 SW 17 ROAD</del> <b>668 NW NORTH RIVER DR.</b>	<b>MIAMI FL 33129</b> <b>MIAMI, FL 33136</b>

700020818607

06/13/03--01032--005 \*\*300.00

8. Name and Address of Current Registered Agent

**DE ARAUJO, CARLOS**  
~~201 S.W. 17 ROAD~~  
~~MIAMI FL 33129~~

9. Name and Address of New Registered Agent

Name

**DE ARAUJO, CARLOS**

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

**668 NW NORTH RIVER DR.**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33136**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Carlos De Araujo*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**06/10/03**

11. 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 of Carlos De Araujo*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**06/10/03 (305) 934-2359**

Daytime Phone #

CR2E040 (8/02)

# TELEBIP INTERNATIONAL

June 10, 2003

Florida Department of State  
Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

## TO WHOM IT MAY CONCERN

Dear Sir or Madam,

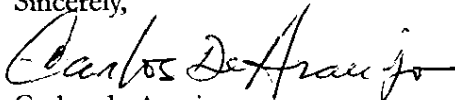
I would like to request to waive the reinstatement fee of \$ 600.00 for the 2002 annual report since the company moved to a new address and we did not receive the uniform business report notice.

We are enclosing the report fee of \$150.00 for the year 2002 and \$150.00 for the year 2003.

Also, please update the Company's new address: **668 NW North River Drive, Miami, Florida, 33136.**

Thank you in advance for your cooperation and please feel free to call me at any time at (305) 324-9348 for any more information or questions.

Sincerely,



Carlos de Araujo  
President