

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

AND
FILED

1997 NOV -6 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000085324

P95000085324

TEL-PAN COMMUNICATIONS CORPORATION

~~444 Brickell Avenue~~
~~Suite 1021~~
~~Miami, Florida 33131~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
444 Brickell Avenue, #500

City and State Zip Code
Miami, Florida 33131

3. If Principle Office Address is different from mailing address, enter address below:

Address
444 Brickell Avenue, #500

City and State Zip Code
Miami, Florida 33131

4. Date Incorporated or Qualified
To Do Business in Florida
11/07/95

5. FEI Number
65-0629372

FEI Number Applied For
FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
D/S/ CFO	Julia Gonzalez	444 Brickell Ave., #500	Miami, Florida 33131
D/T	Nicolas Ardito Barletta	444 Brickell Ave., #500	Miami, Florida 33131
D/AS	Carlos Garcia de Paredes	444 Brickell Ave., #500	Miami, Florida 33131
D	Arturo Tapia	444 Brickell Ave., #500	Miami, Florida 33131
D	James Nunes	444 Brickell Ave., #500	Miami, Florida 33131

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

~~Thomas H. Wakefield~~
~~91 West McIntyre Street, Suite 200~~
~~Key Biscayne Bank Building~~
~~Key Biscayne, Florida 33149~~

9. If changed, new registered agent / ~~_____~~

Name
Corporation Service Company

Street Address (Do NOT Use P.O. Box Number)
1201 Hays Street

Street Address (Do NOT Use P.O. Box Number)

City
Tallahassee

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 Patricia Pizzuto

Date 11-6-97

REGISTERED AGENT MUST SIGN Patricia Pizzuto, As Agent

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director Nicolas Ardito Barletta

Date 10/31/97

Daytime Phone # (305) 372-9099

Typed or printed name of signing officer or director
NICOLAS ARDITO BARLETTA

CR2EUC 10/97