						4.4.0	
PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS F	ORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE							
FOB		Sandra B. Moi	tham				
REINSTATEMENT		Secretary of S					
DIVISION OF CO			RATIONS	The state of the s			
DOCUMENT # 145000 0600				98 SEP ~4 AH 8: 00			
1. Corporation Name Teldat Corp.				ĺ		•	
				SECRETALLY OF STAIL TALLAHASSEE, FLORIDA			
				TALLAMASSEE, FLORIDA			
Principal Place of Business Mailing Address Brickell Bay Tower							
1001 Brickell Bay Drive, Suite 1220				1			
Miami, Florida 33131							
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				4 5-1-1-			
1001 Brickell Bay Drive				4. Date Incorporated or Qualified To Do Business in Florida 11-7-95			
Suite, Apt. #, etc. 1220				5. FEI Numbe	т	Applied For	
City & State Miami, Florida						Not Applicable	
Zip Country	Z ip	Countr	у	6. CERTIFICAT	E OF STATUS DESIRE	S8.75 Additional Fee required for a Certificate of Status	
33131 USA	or Director, (Flor	ida paparalit paraara	tions must list at los			Tor a Certificate bi Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas Name of Officers Street Address of Each					T		
Title(s) and/or Directors Office 3 (Do NOT Us			icer and/or Director se Post Office Box N	lumbers)	4	City / State / Zip	
Pres. Antonio Garcia Marcos Parque Te			h do Madri	.d	28760 Tres	s Cantos, Spain	
				#1000	Wr ni	00101	
Sec. Mario Ueno 1001 Bri			kell Bay Dr	·, #1220	Miami, Fi	33131	
Officer Alberto Sanchez 49010NW11			Way, #501	y, #501 Ft. Lauderdale, F1 33309			
Officer Francisco Gil Parque			hado Madri	do Madrid 28760 Tres Cantos, Spain			
<u> </u>					 		
pr	MOX	THEFT	- 01	- 0	- R	9/2	
REINSTATEMENT 96-98 3 .9/X							
			AND DESCRIPTIONS	Tagarile 8		70	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Carlos J. Reyes, Esquire Same							
Montoro Pinigio Voltagues Medagina (Poyce					in Not Accontable)	03.9	
			Same Street Address (P.O. Box Number is Not Acceptable) 6-36-36-2-002 Suite. Apt. #. Etc. 09/10/98-01062-002				
Fort Lauderdale, Florida 33316 Suite.				****1050.00 ****1050.00			
			City			State Zip Code	
10. I, being appointed the registered agent of the top e named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of (100 Chr.							
Régistered Agent Date PEGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year (See other side for information							
Intangible Personal Property tax due June 30. Yes No 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 filling							
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., The information indicated 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.							
M. Clino							
SIGNATURE:				× 8	126/98	005/055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							