

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

1998 FEB -9 AM 11: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000094447

1. Corporation Name

ENTERPRISES TELONFA OF MIAMI, INC.

(W98-1294)

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable c/o 1313 Ponce de Leon Blvd Suite, Apt. #, etc. 200

3. New Mailing Office Address, if Applicable 1313 Ponce de Leon Blvd. Suite, Apt. #, etc. 200

4. Date Incorporated or Qualified To Do Business in Florida 12/13/95

City & State Coral Gables, FL Zip 33134 Country USA

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5. FEI Number 65-0646542 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Gustavo Tellez and G. Frank Quesada, Esq.

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REINSTATEMENT 2/4/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G. Frank Quesada, Esq. 1313 Ponce de Leon Blvd., Suite 200 Coral Gables, FL 33134

Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, Etc. City State Zip Code

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 REGISTERED AGENT MUST SIGN

Date 2/4/98

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] 1/14/98 705-446-2517 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREFORM 10/96