

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
97-98 Sandra B. Mortham  
A/R Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **996000020631**

1. Corporation Name **TELE UNIVERSAL INTERNATIONAL SERVICES, INC.**

Principal Place of Business Mailing Address  
**256 SW 8TH STREET  
MIAMI FL 33130**

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. Date Incorporated or Qualified To Do Business in Florida <b>MARCH 6, 1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip Country		Zip Country			

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Luis DeVilliers	4609 NW 7TH Street	Miami FL 33126
Vice-Pres.	Richard Springer	256 SW 8TH Street	Miami FL 33130
Secy.	Richard Springer	256 SW 8TH Street	Miami FL 33130
Treasur.	Luis DeVilliers	4609 NW 7TH Street	Miami FL 33126

8. Name and Address of Current Registered Agent

**Richard Springer  
256 SW 8TH Street  
MIAMI FL 33130**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **4-30-98**

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)(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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**4/30/98**

Date

Daytime Phone #

**5-8-98**

CR2E040 (1/98)