

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046963

1. Corporation Name

SWITCHING INTERNATIONAL CORPORATION

REINSTATEMENT 06-10

000174536550
04/06/10--01002--002 **750.00

2. Principal Office Address - No P.O. Box # 3209 NE 36 Street		3. Mailing Office Address 3209 NE 36 Street	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33308	Country US	Zip 33308	Country US

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida	06/04/1996
5. FEI Number	65-0675128
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Alvaro Castillo B.			
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue			
Suite, Apt. #, Etc. Suite 200			
City Miami	State FL	Zip Code 33131	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 1 / 10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rogelio Suarez	3209 NE 36 Street, Suite 5	Ft. Lauderdale, FL 33308
D	Carmen L. Sattler	3209 NE 36 Street, Suite 5	Ft. Lauderdale, FL 33308

10. E-mail Address: rovi@gate.net

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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

Date

Daytime Phone #

DIRECTOR.

April 1, 2010

854-568-4145