

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR -6 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083311

**1. Corporation Name**

INFOTEL SERVICES, INC.

**2. Principal Office Address**

4210 S. UNIVERSITY DR.

Suite, Apt. #, etc.

5

City & State

DAVIE, FLORIDA

Zip

33328

Country

USA

**3. Mailing Office Address**

4210 S. UNIVERSITY DR.

Suite, Apt. #, etc.

5

City & State

DAVIE, FLORIDA

Zip

33328

Country

USA

**REINSTATEMENT** - 03-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/04/1996

**5. FEI Number**

65-0701635

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

HEIDELORE SCOTT

Street Address (P.O. Box Number is Not Acceptable)

4640 SW 78TH AVENUE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

**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

*Heidlore Scott*

REGISTERED AGENT MUST SIGN

Date 04/01/04

**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
P	HEIDELORE SCOTT	4640 SW 78TH AVENUE	DAVIE, FLORIDA 33328
D	STEPHANIE MAIR	4210 S. UNIVERSITY DR. # 5	DAVIE, FLORIDA 3338

**10. 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:

*Heidlore Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. SCOTT

Date

04/01/04 954-474-9800

Daytime Phone #

CR2E081 (01/04)

**INFOTEL SERVICES, INC  
4210 S. UNIVERSITY DRIVE # 5  
DAVIE, FLORIDA 33328**

**PHONE (954)474-9800**

April 1, 2004

Florida Department of State  
Division of Corporations  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Regarding: 2003-2004 Corporate Reinstatement Filing Uniform Business Report  
Document # P96000083311


I met with my accountant today and he found that I had not renewed my Uniform Business Report for 2003. Please be advised that I never received the annual report form application.

Also I would like to pay for the year 2004.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$300.00 for the above years and for certificate of status fee of \$8.75 (total \$308.75.)

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;

  
Heidelore Scott  
Company President