

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 26 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/26/03--01068--001 **900.00

DOCUMENT # *P96000094341*

1. Corporation Name

Web Access TV Communication Inc.

2. Principal Office Address

5901 NW 151 Street

Suite, Apt. #, etc.

Suite # 217

City & State

Miami Lakes, FL

Zip

33014

Country

US

3. Mailing Office Address

P.O. Box 5047

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33014

Country

US

REINSTATEMENT *02-03*

**4. Date incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

65-0730478

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

Michael A. Maldonado

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

5901 NW 151 Street

Suite, Apt. #, Etc.

Suite # 217

City

Miami Lakes

State
FL

Zip Code
33014

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

MA Maldonado

REGISTERED AGENT MUST SIGN

Date 06-25-2003

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
Pres	Michael A. Maldonado	8217 NW 191 Lane	Miami / FL / 33015

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:

MA Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/2003 305-826-9005

Date

Daytime Phone #

CR2E081 (10/02)

7/6/26