

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000012575**

1. Corporation Name

TELTECH SERVICES(USA) CORP

2. Principal Office Address

505 RIVERSIDE DR.

Suite, Apt. #, etc.

7

City & State

POMPANO BEACH

Zip

33062

Country

BR.

3. Mailing Office Address

505 RIVERSIDE DR.

Suite, Apt. #, etc.

7

City & State

POMPANO BEACH

Zip

33062

Country

BR.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/97

5. FEI Number

65-0724952

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

PETTIGREW LEAN

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

3419 NW 64TH CT

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

000038143570

06/21/04 01097 009 **100.00

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

Lean Pettigrew

REGISTERED AGENT MUST SIGN

Date

6-18-2004

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	ANDRÉ NOBERT	505 RIVERSIDE DR.	POMPANO BEACH FL 33062
			<i>[Signature]</i>

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:

[Signature]

ANDRÉ NOBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-18-2004 514-262-54 48

Daytime Phone #

CR2E081 (01/04)