

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 AM 8:12

DOCUMENT # P97000031386

1. Corporation Name

Telescope, Inc

Principal Place of Business

Mailing Address

782 NW 42 Ave
Miami, FL 33126

782 NW 42 Ave
Miami, FL 33126

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

4/7/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|--|--|-------------------------|
| PSD | Julian Perea Padilla | 782 NW 42 Ave | Miami, FL 33126 |
| D | Gonzalo R Dorta | 334 Minorca Ave | Coral Gables, FL 33131 |
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****450.00 ****450.00

1/25/00

8. Name and Address of Current Registered Agent

GONZALO R DORTA P.A.
334 Minorca Ave
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name GONZALO R. DORTA P.A.
Street Address (P.O. Box Number is Not Acceptable)
334 Minorca Ave
Suite, Apt. #, Etc.

City

Coral

Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

1/25/00

11. This corporation owes 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir.

Dir.

Day

Daytime Phone #

1/25/00 305-4770224