

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG 31 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032165

1. Corporation Name

TELECOM MIAMI, INC.

W00-19481

Principal Place of Business

Mailing Address

524 WASHINGTON AVE.  
SUITE 208  
MIAMI BEACH FL 33129

524 WASHINGTON AVE.  
SUITE 208  
MIAMI BEACH FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14240 SW 33 ST.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14240 SW 33 ST  
Suite, Apt. #, etc.

REINSTATEMENT

98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/1997

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
MIAMI, FL  
Zip  
33175  
Country  
USA

City & State  
MIAMI, FL  
Zip  
33175  
Country  
USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD STV	AMARO, PETER JR	2555 COLLINS AVE. SUITE 1709 14240 SW 33 ST	MIAMI BEACH FL 33140 MIAMI FL 33175
STD D	COSTA, JAIME JR	524 WASHINGTON AVE. SUITE 208	MIAMI BEACH FL 33139

100003386351--1  
-03/08/00--01075--012  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMARO, PETER JR  
524 WASHINGTON AVE.  
SUITE 208  
MIAMI BEACH FL 33129

Name  
PETER AMARO JR.  
Street Address (P.O. Box Number is Not Acceptable)  
14240 SW 33 ST  
Suite, Apt. #, Etc.  
City  
MIAMI  
State  
FL  
Zip Code  
33175

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 7/26/00

11. This corporation owes or has paid 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00 (305) 322-8348  
Date Daytime Phone #