

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT 16 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049484

1. Corporation Name

NEXTELCOM CORP.

Principal Place of Business

1160 NW 159 DR  
MIAMI FL 33169

Mailing Address

1160 NW 159 DR  
MIAMI FL 33169

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

06/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0758167

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	ESQUENAZI, JOEL	1160 NW 159 DR	MIAMI FL 33169
SD	RODRIGUEZ, CARLOS A	1160 NW 159 DR	MIAMI FL 33169
<del>+</del>	<del>LANGLE, DAVID</del>	<del>1160 NW 159 DR</del>	<del>MIAMI FL 33169</del>

400003446644--7

11/01/00--01039--011

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

DICKEY, JAMES  
1160 NW 159 DR  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/2000

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LAW OFFICES  
**JAMES R. C. DICKEY**  
1160 NW 159<sup>TH</sup> DRIVE  
MIAMI, FLORIDA 33169  
TELEPHONE (305) 577-9700  
TELECOPIER (305) 577-9774

October 13, 2000

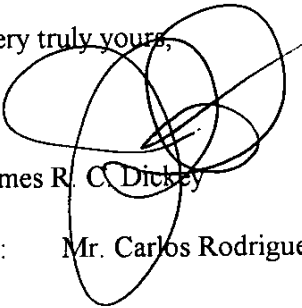
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Nextelcom Corp.

Ladies/Gentlemen:

I enclose a copy of a Request for Reinstatement of the captioned corporation together with our check for \$150.00. We request that you waive late fees and penalties with respect to this corporation because we never received an Annual Report form from your office.

Very truly yours,

  
James R. C. Dickey

cc: Mr. Carlos Rodriguez, Vice President