

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 25 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069120

1. Corporation Name

TELETEC, INC.

Principal Place of Business

Mailing Address

6815 EDGEWATER DRIVE
CORAL GABLES FL 33133

6815 EDGEWATER DRIVE
CORAL GABLES FL 33133



REINSTATEMENT 98

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

2. New Principal Office Address, If Applicable

230 WESTWARD DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

230 WESTWARD DRIVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1997

5. FEI Number

65-0772576

Applied For

Not Applicable

City & State

MIAMI SPRINGS FL
Zip 33166 Country DADS

City & State

MIAMI SPRINGS FL 33133
Zip 33166 Country DADS

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	RUIZ, LOUIS	6815 EDGEWATER DRIVE	CORAL GABLES FL 33133
VTD	ZERPA, JORGE	6815 EDGEWATER DRIVE	CORAL GABLES FL 33133

200002704112--6

-12/04/98--0116--016

****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Jorge Zerpa

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

6815 EDGEWATER DRIVE

Suite, Apt. #, Etc.

#104

City

MIAMI

State

FL

Zip Code

33133

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

X [Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/23/98

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:

X [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98
Date

305-805-2341
Daytime Phone #

CR2EM04998