

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC 29 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072912

1. Corporation Name

TELEPHONE ENCLOSURES, INC.

Principal Place of Business

Mailing Address

2780 NW 122ND ST.
MIAMI FL 33167

2780 NW 122ND ST.
MIAMI FL 33167

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

08/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0777261

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | 4 |
|---------------|---|--|----------------------|
| VD | SABOYA, SARA M | 1754 BEARRITZ DR. | MIAMI BEACH FL 33141 |
| SD | BARNARD, HENRY | 7650 W. 26TH AVE. | HIALEAH FL 33016 |
| PD | SABOYA, CASIMIRO A | 2780 NW 122ND ST. | MIAMI FL 33167 |
| TD | GARCIA, MARTHA | 2780 NW 122ND ST. | MIAMI FL 33167 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

2000

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITO, LUIS
407 LINCOLN ROAD #5B
MIAMI BEACH FL 33139

Name

Casimiro Saboya

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

2780 NW 122nd St

Suite, Apt. #, Etc.

3

City

Miami

State

FL

Zip Code

33167

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]
REGISTERED AGENT MUST SIGN

Date 12-26-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-00 305-681-5808
Date Daytime Phone #

CR2E040 (8/00)