

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -5 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000090236

1. Corporation Name

TELECOMBO INVESTMENTS INC

2. Principal Office Address

6065 NW 167TH ST.

Suite, Apt. #, etc.

B-3

City & State

MIAMI, FL

Zip

33015

Country

DADE

3. Mailing Office Address

6065 NW 167TH ST

Suite, Apt. #, etc.

B-3

City & State

MIAMI, FL

Zip

33015

Country

DADE

REINSTATEMENT 98-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/97

5. FEI Number

65-0788379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY CEDENO

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

6065 NW 167TH ST

Suite, Apt. #, Etc.

B-3

City

MIAMI

000019329870

05/20/03--01052--009 **150.00

State
FL

Zip Code
33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/23/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	DELROY STELMO-COWAN	6065 NW-167TH ST-B-3	MIAMI-FL 33015
VSTD	HEATHER D. COWAN	6065 NW 167TH ST B-3	MIAMI, FL 33015

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)