

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000101443**

1. Corporation Name

MIAMI TELEPHONE GROUP, INC.

Principal Place of Business

Mailing Address

7900 NW 60 STREET
 MIAMI FL 33166

7900 NW 60 STREET
 MIAMI FL 33166

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



REINSTATEMENT

Signature

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0807960**
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$375 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
D	RODRIGUEZ, JOSE	7900 NW 60 STREET	MIAMI FL 33166

100003029921--7
 -11/01/99--01008--010
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, JOSE
 7900 NW 60 STREET
 MIAMI FL 33166

Name **N/A.**
 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]*

REGISTERED AGENT MUST SIGN

Date

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

(305) 640 0757

Daytime Phone #

KE

CR2020 (8/99)