

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 26 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000009689

**1. Corporation Name**

C.E.F. Answering & Telecommunication  
Service, Inc.

400005493094--2  
-05/09/02--01003--012  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

**2. Principal Office Address**

1513 NE 167 Street

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

**3. Mailing Office Address**

1513 NE 167 Street

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/28/98

**5. FEI Number**

65-0551671

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

Name

Yvon Rinchere

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

1513 NE 167 Street

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33162

**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

Date

4-22-02

REGISTERED AGENT MUST SIGN

**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	Marie Rinchere	1513 NE 167 St.	N. Miami Beach, FL 33162
V	Yvon Rinchere	1513 NE 167 St.	N. Miami Beach, FL 33162

**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:**

Marie S. Rinchere

Date

4-24-02

Daytime Phone # 5959

April 12, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am writing to request reinstatement for the above corporation, Document # P98000009689. I am also requesting that the reinstatement fee of \$900.00 be waived. We did not receive the Uniform Business Report for the past two years. Upon inquiring, it was noted that the address on file is incorrect. Our correct address is 1513 NE 167 Street, N Miami Beach, FL 33162.

Enclosed is a check in the amount of \$300.00 to reinstate the corporation. Thank you in advance for your prompt attention to this matter.

Sincerely,



Marie Rinchere

C.E.F. ANSWERING AND TELECOMMUNICATION SERVICE,  
INC.  
1513 NE 167 STREET