

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 DEC -1 AM 9:56

DOCUMENT # *P98000043410*

1. Corporation Name

Omigo Communications, Inc.

800025424988
12/11/03--01050--008 **1058.75

REINSTATEMENT *01-03*

2. Principal Office Address

782 NW 42 Ave.

Suite, Apt. #, etc.

Suite 207

City & State

Miami, FL

Zip

33135

Country

U.S.

3. Mailing Office Address

782 NW 42 Ave.

Suite, Apt. #, etc.

Suite 207

City & State

Miami, FL

Zip

33135

Country

U.S.

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

5/14/98

5. FEI Number

650835674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$6.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Raul Amador

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

3543 SW 6 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

Raul Amador

Date *11/26/03*

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
<i>P</i>	<i>Raul Amador</i>	<i>3543 SW 6 Street</i>	<i>Miami, FL 33135</i>

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:

Raul Amador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/03

Date

Daytime Phone #