PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000048530

1. Corporation Name

MIAMI TELEGRAPH & TELEPHONE, INC.

WO4-22530

800037813768
06/23/04--01041--001 **750.00

2. Principal Office Address	**3.** Mailing Office Address		
4045 Sheridan Ave	4045 Sheridan Ave.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
# 339	#339	**4.** Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State		
Miami Beach, FL	Miami Beach, FL	**5.** FEI Number	Applied For
		65-0882753	Not Applicable
Zip	Country	Zip	Country	**6.**	
33140	U.S	33140	U.S	CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alfred T. Culbreth

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

4045 Sheridan Avenue

Suite, Apt. #, Etc.

#339

City	State	Zip Code
Miami Beach,	FL	33140

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

Signature of
Registered Agent _____ Date ___6/1/14___

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CEO	ALFERD T. CULBRETH	4045 SHERIDAN AVE. #339	MIAMI BEACH, FL 33140
		800037813768 06/09/04--01078--010 **750.00	

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: _____ 6/1/14   305-799 9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ALFERD T. CULBRETH