

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
and the  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000077914

**1. Corporation Name**

## NADIA TELECOMMUNICATION INC.

**Principal Place of Business**

**Mailing Address**

2103 CASSEA CIR AP M  
KISSIMMEE FL 34741

2103 CASSEA CIR AP M  
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1998	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For 59-3530983 Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional for 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	DARRIEUTORT, NADEJDA S	2103 CASSEA CIR AP M	KISSIMMEE FL 34741
VD	DARRIEUTORT, MARCEL	2103 CASSEA CIR AP M	KISSIMMEE FL 34741

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

**9. Name and Address of New Registered Agent**

DARRIEUTORT, NADEJDA  
2103 CASSEA CIR AP M  
KISSIMMEE FL 34741

Name

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

**Suite, Apt. #, Etc.**

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 607.0605, F.S.

Signature of  
Registered Agent

Date 10/22/99

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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

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FROM:NADIA TELECOMMUNICATION INC.  
2103 CASSEA CIR AP M  
KISSIMMEE FL 34741

PLEASE WAIVE THE PENALTY THIS ONE TIME. THIS IS THE FIRST NOTICE I RECEIVE. WE HAVE HAD TROUBLE RECEIVING OUR MAIL AND WERE NOT AWARE OF THE MAY 1, 1999 DEADLINE. WE WON'T BE LATE IN THE FUTURE. I AM ENCLOSING A CHECK FOR \$150. PLEASE REINSTATE MY CORPORATION. WE ARE A SMALL BUSINESS AND CAN'T AFFORD THE PENALTY. WE HAD VERY LITTLE INCOME LAST YEAR.

THANK YOU

NADEJDA DARRIEUTORT PRESIDENT

*x N. Darrietort*