

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 DEC 28 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000082814**

1. Corporation Name

TELEPHONE ONE INC.

Principal Place of Business

Mailing Address

~~8855 S.W. 27TH STREET  
MIAMI FL 33165~~

~~8855 S.W. 27TH STREET  
MIAMI FL 33165~~

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

2. New Principal Office Address, If Applicable

3811 SW 8 ST

3. New Mailing Office Address, If Applicable

3811 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1998

5. FEI Number

65-0866624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	<del>CURBELO, ROBERT JR.</del> REMOVE	<del>8855 S.W. 27TH STREET</del>	<del>MIAMI FL 33165</del>
D	<del>FERNANDEZ, OSVALDO</del>	<del>8855 S.W. 27TH STREET</del>	<del>MIAMI FL 33165</del>
D	<del>AGOSTA, JOSE</del> REMOVE	<del>8855 S.W. 27TH STREET</del>	<del>MIAMI FL 33165</del>
D	<u>Vilarino, Annia E.</u>	<u>3811 SW 8 ST</u>	<u>Coral Gables FL 33134</u>
			<u>200004769772--5</u>
			<u>-01/11/02--01059--008</u>
			<u>****750.00 ****750.00</u>

8. Name and Address of Current Registered Agent

CURBELO, ROBERT JR  
8855 S.W. 27TH STREET  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name Annia E. Vilarino

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

3811 SW 8 ST

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

12.28.01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.28.01

305.387.3500

CR2E040 (8/01)