

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:15

DOCUMENT # **P 98000089045**

1. Corporation Name

DUTY FREE TELECOM, INC.

2. Principal Office Address

500 SE 17TH STREET

Suite, Apt. #, etc.

322

City & State

FT. LAUDERDALE, FL

Zip

Country

33316

US

3. Mailing Office Address:

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

10-19-98

5. FFI Number

65-0871687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID K. HIRSCH

100004212301

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

175 WEST CAMINO REAL

05/11/01 - 01098 - 018

*****1050.00 ***1050.00**

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

[Signature]

Date **4/24/01**

1859

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/V	GARY HANDERHAN	500 SE 17TH ST. STE 322	FT. LAUDERDALE, FL 33316
S/T	ALAN SILVERMAN	500 SE 17TH ST. STE 322	FT. LAUDERDALE FL 33316

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(954) 524-2427

Daytime Phone #

CR2E081 (9/00)