

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

Ref: 9/18/00 F122016 001 #408.75

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000002688**

1. Corporation Name

POWER VOICE COMMUNICATIONS, INC.

2. Principal Office Address

16115 S.W. 117 AV.

3. Mailing Office Address

- SAME AS #2 -

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

- " -

City & State

Miami, FL.

City & State

- " -

Zip

33177

Country

U.S.A.

Zip

- " -

Country

- " -

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/99

5. FEI Number

65-0886413

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

Joe Diaz

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

16115 S.W. 117 AVENUE

Suite, Apt. #, Etc.

Suite 3

City

Miami

State

FL

Zip Code

33177

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]

REGISTERED AGENT MUST SIGN

Date **08-13-02**

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
M	I. AGUILAR	16115 S.W. 117 AV. #3	Miami, FL. 33177
D	Joe Diaz	16115 S.W. 117 AV. #3	Miami, FL. 33177

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]

Joe Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/02 (301) 232-0222

Date

Daytime Phone #

CR2E08 (9/01)