

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000023068**

1. Corporation Name

SUN-TEL USA, INC.

Principal Place of Business

10169 FOXCROFT RD WEST
JACKSONVILLE FL 32257

Mailing Address

10169 FOXCROFT RD WEST
JACKSONVILLE FL 32257

[Handwritten Signature]



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1999

5. FEI Number

65-0918693

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	BABADI, JAHAN J	10169 FOXCROFT RD WEST	JACKSONVILLE FL 32257
D	BABADI, BOB	10169 FOXCROFT RD WEST	JACKSONVILLE FL 32257

800023969788
10/21/03--01057--026 **758.75

8. Name and Address of Current Registered Agent

BABADI, BOB
10169 FOXCROFT RD WEST
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name Babadi, Jahan
Street Address (P.O. Box Number is Not Acceptable)
10169 Foxcroft Rd. W.
Suite, Apt. #, Etc. Jacksonville, FL 32257
City Jacksonville State FL Zip Code 32257

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03