

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027708

1. Corporation Name

FLORIDA PHONE SERVICE, INC.

Principal Place of Business

Mailing Address

7177 SW 117 AVE
MIAMI FL 33183

7177 SW 117 AVE
MIAMI FL 33183

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

5. FEI Number 65-0908513
APPLIED FOR

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
PDST	UWEYDA, AOUS	9804 SW 125 TERR	MIAMI FL 33176
			LS

8. Name and Address of Current Registered Agent

UWEYDA, AOUS
9804 SW 125 TERR
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

Shirleen Uweyda

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

9804 SW 125 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Shirleen Uweyda
REGISTERED AGENT MUST SIGN

Date

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 #

FLORIDA PHONE SERVICE

2062

October 11, 2001

409 east Gains ST.

Dear Sir or Madam:

On April 2000 I filed my annual report for corporation name Florida Phone Service, inc. document p99000027708 we paid \$150 thin on may of the same year I received a notice that I did not file my report so I called I spoke to man he told me that we are missing the FEI number he told me just to write it on the FEI space I did and I send it back.

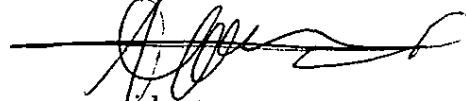
Thin on June I went on the Enternet to check if the filling took effect but was not, so I called and a lady answered the phone I explained to her my problem she told me don't worry about it, takes more than a month sometimes because of the valium of mail, so I never checked on it again

Today I received notice of administrative dissolution or revocation so I called and another lady told me that the register agent did not sign and that they send me a letter explaining this but we have not received any thing other wise we responded. We need proof of mailing that letter that was send to us on June.

Please help us solve this problem we will appreciate it

Sincerely,

AOUS UWEYDA



president