

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 30 PM 2:04

DOCUMENT #

1. Corporation Name

Tele King Communications Corporation
P99000046695

000023936760
10/20/03--01009--006 **758.75

2. Principal Office Address

11900 Biscayne Blvd.
Suite, Apt. #, etc.
520

3. Mailing Office Address

11900 Biscayne Blvd.
Suite, Apt. #, etc.
520

City & State

Miami, FL

City & State

Miami, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/1999

5. FEI Number

65-0923778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank Schreiber

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

11900 Biscayne Blvd.

Suite, Apt. #, Etc

520

City

Miami

State

FL

Zip Code

33181

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

Frank Schreiber

REGISTERED AGENT MUST SIGN

Date

9/29/03

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
PRST	Frank Schreiber	11900 Biscayne Blvd #520	Miami, FL 33181
D	Frank Schreiber	11900 Biscayne Blvd #520	Miami, FL 33181

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Schreiber

Date

9/29/03

Daytime Phone #

305-891-9907

CR2E081 (10/02)