


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--------------------------------------	--

DOCUMENT # ~~p990000475013~~ P 99000047513

1. Corporation Name

**Teleco Vision, inc**

2. Principal Office Address - No P.O. Box #

**921 sw 87th terr**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Plantation, FL**

City & State

Zip

**33324**

Country

**broward**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/20/1999**

5. FEI Number

**75-3253864**

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  
**Garrett Cassells**

Street Address (P.O. Box Number is Not Acceptable)  
**5823 blueberry ct**

Suite, Apt. #, Etc.

City  
**laudherhill**

State  
**FL**

Zip Code  
**33313**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



Date

**9-21-07**

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
ceo	Kareem Memarian	3414 crest lane	fort lee NJ, 07024
			800110183408 10/02/07--01040--006 **1200.00

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 contained in Chapter 119, 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

**9-21-07**

Daytime Phone #

**201-658-2755**

**FILED**

**07 SEP 21 PM 1:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E081 (1/07)