

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 25 PM 2:59

DOCUMENT # P99000093223

1. Corporation Name

LONGDISTANCETEL.COM, INC.

Principal Place of Business

Mailing Address

1020 N.W. 163RD AVENUE  
MIAMI FL 33169

1020 N.W. 163RD AVENUE  
MIAMI FL 33169

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

2. New Principal Office Address, if Applicable  
1915 BRICKELL AVENUE

3. New Mailing Office Address, if Applicable  
1915 BRICKELL AVENUE

Suite, Apt. #, etc.  
SUITE CPH5

Suite, Apt. #, etc.  
SUITE CPH5

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip 33129 Country MIAMI-DADE

Zip 33129 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1999

5. FEI Number  
65-0956271

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MEDINA, MAGDALENA	1915 BRICKELL AVE. PH 5	MIAMI FL 33129
DVST	MEDINA, CAMILO	1915 BRICKELL AVE. #C-PH5	MIAMI FL 33129

500003454875--5  
-11/07/00--01050--019  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEDINA, CAMILO  
1915 BRICKELL AVE.  
PH 5  
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)