H01000010882 8 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

01 JAN 25 PM 4:43

DOCUMENT # **P99000098149**

1. Corporation Name

TELEBEEPER, INC.

Principal Place of Business	Mailing Address
~~3260 LAKE WORTH ROAD~~ ~~LAKE WORTH FL 33461~~	~~3260 LAKE WORTH ROAD~~ ~~LAKE WORTH FL 33461~~

REINSTATEMENT 00-01

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
10500 NW 50TH ST	10500 NW 50TH ST
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. # 102
City & State SUNRISE FL	City & State SUNRISE FL
Zip 33351 Country USA	Zip 33351 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/1999

5. FEI Number: 650626929 ☐ 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
PD	NODARSE, OSCAR	10500 NW 50TH STREET #103	SUNRISE FL 33351
VSTD	RODRIGUEZ, TULIO J	10500 NW 50TH STREET #103	SUNRISE FL 33351

10/25/01

8. Name and Address of Current Registered Agent

NODARSE, OSCAR
505 AVENID ALEGRE
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name: Tulio J. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 10500 NW 50 ST
Suite, Apt. #, Etc.: SUITE # 103
City: SUNRISE State: FL Zip Code: 33351

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: _____ Date: 10/23/2001
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: _____ TULIO RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01 Date
954-7473165 Daytime Phone #

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