

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN 11 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000103367**

**1. Corporation Name**

**Aronus Telecom, Inc.**

**2. Principal Office Address**

**1111 Park Centre Blv.**

**3. Mailing Office Address**

**1111 Park Centre Blv.**

**Suite, Apt. #, etc.**

**Suite 102**

**Suite, Apt. #, etc.**

**Suite 102**

**City & State**

**Miami FL.**

**City & State**

**Miami FL.**

**Zip**

**33169**

**Country**

**Zip**

**33169**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**11-29-99**

**5. FEI Number**

**65-0964359**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED**

☒ **\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT 00-01**

**7. Name and Address of Current Registered Agent**

**Name**

**Joquin Gonzalez.**

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

**215 S.W. 117 Terrace #101**

**Suite, Apt. #, Etc.**

**101**

**City**

**Pembroke Pines**

**State**

**FL**

**Zip Code**

**33025**

**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**

**x**

*Joquin Gonzalez*

**REGISTERED AGENT MUST SIGN**

**Date** **12.20.00**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City, State, Zip</b>
<b>V/D</b>	<b>Joquin Gonzalez</b>	<b>215 SW 117<sup>th</sup> Terrace</b>	<b>Pembroke Pines FL. 33025</b>
<b>V/M</b>	<b>Carlos Londoño</b>	<b>1612 NW 113 Way</b>	<b>Pembroke Pines FL. 33026</b>
<b>P</b>	<b>LUIS HENAO</b>	<b>615 OCEAN DRIVE APT 508</b>	<b>Key Biscayne FL 33149</b>

**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:**

*Joquin Gonzalez*

**Joquin Gonzalez**

**12.20.00**

**305-3560140**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**