

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 12:58

DOCUMENT # P99000106546

1. Corporation Name

TELEPHONE & NETWORKS SOLUTIONS, INC

2. Principal Office Address

2925 NE 190 ST

3. Mailing Office Address

2925 NE 190 ST

Suite, Apt. #, etc.

9-308

Suite, Apt. #, etc.

9-308

City & State

AVENTURA, FL.

City & State

AVENTURA, FL.

Zip

33180

Country

MIAMI-DADE

Zip

33180

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 9, 1999

5. FEI Number

65-0966052

☒ 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

Onasis Arrechavala

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

2925 NE 190 ST

Suite, Apt. #, Etc.

9308

City

Aventura

State

FL

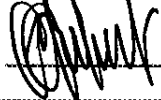
Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of

Registered Agent



Onasis Arrechavala

REGISTERED AGENT MUST SIGN

Date June 21, 2001

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
President	Onasis Arrechavala	2925 NE 190 ST	Aventura, FL 33180
Vice President	Amanda Rivas	2925 NE 190 ST	Aventura, FL 33180

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:

Onasis Arrechavala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 21, 2001 / 305-931-7803

Daytime Phone #

CR21001 (9/00)