PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00101 U88

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	3. Mailing Office Address
2925 NE 190 ST	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 — V 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: 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

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****300.00 ****300.00

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: Onasis Arrechavala
REGISTERED AGENT MUST SIGN

Date: June 21, 2001

CR2E061 (9/95)

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 — June 21, 2001 — 305-931-7803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #