

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -7 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
DSL TELECOM, INC.
P99000111752

2. Principal Office Address
7755 S.W. 6th Avenue

Suite, Apt. #, etc.
Unit 110

City & State
Miami, FL

Zip
33176

Country
Miami-Dade

3. Mailing Office Address
7755 S.W. 6th Avenue

Suite, Apt. #, etc.
Unit 110

City & State
Miami, FL

Zip
33176

Country
Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida 12/30/1999

5. FEI Number
061588652

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

05-27-05 01023 001 \$35.00

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
Bey Sedagat

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

Suite, Apt. #, Etc.
Apt. 102

City
Heathrow

State
FL

Zip Code
32746

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

Date

REGISTERED AGENT MUST SIGN

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
P	Bey Sedagat	770 Haddonstone Circle	Miami, FL 32746
			300057663133 07/19/05--01042--011 **150.00
			300057663133 07/19/05--01042--012 **715.00

6/15/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05

Date

3057962710

Daytime Phone #

CR2E001 (01/05)