

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 14 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S98399

1. Corporation Name  
NACS COMMUNICATIONS, INC.

000002746980--8

-01/20/99-01009-015

\*\*\*\*908.75 \*\*\*\*908.75

Principal Place of Business Mailing Address  
~~801 Brickell Avenue~~ ~~801 Brickell Avenue~~  
~~Suite 927~~ ~~Suite 927~~  
~~Miami, FL 33131~~ ~~Miami, FL 33131~~

REINSTATEMENT

98-99  
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. New Principal Office Address, If Applicable<br>100 S.E. Second Street<br>Suite, Apt. #, etc.<br>Suite 4500<br>City & State<br>Miami, FL<br>Zip 33131 Country USA |  | 3. New Mailing Office Address, If Applicable<br>100 S.E. Second Street<br>Suite, Apt. #, etc.<br>Suite 4500<br>City & State<br>Miami, FL<br>Zip 33131 Country USA |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>12/06/91   |  |
|   |  |   |  | 5. FEI Number<br>59-3100704<br>Applied For<br>Not Applicable  |  |
|   |  |   |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PTD        | JUAN E. IBANEZ                      | RICONADA EL SALTO<br>202 COMUNA HUECHURABA  | SANTIAGO, CHILE      |
| VPSD       | DASKA RADIC DEWAR                   | RICONADA EL SALTO<br>202 COMUNA HUECHURABA  | SANTIAGO, CHILE      |
| AS         | LUIS A. DE ARMAS                    | 201 S. BISCAYNE BLVD.<br>SUITE 1500   | MIAMI, FLORIDA 33131 |
| D          | Francisco Ibanez                    | RICONADA EL SALTO<br>202 COMUNA HUECHURABA  | SANTIAGO, CHILE      |
| D          | Victor Delgado                      | 100 S.E. Second Street<br>Suite 4500  | Miami, Florida 33131 |
| D          | Carlos Lillo Valle                  | 100 S.E. Second Street<br>Suite 4500  | Miami, Florida 33131 |

8. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. Biscayne Blvd.  
1600 Miami Center  
Miami, FL 33131 U.S.

9. Name and Address of New Registered Agent

|  |             |          |
|--|-------------|----------|
| Name   |             |          |
| Street Address (P.O. Box Number is Not Acceptable) |             |          |
| Suite, Apt. #, Etc.                                |             |          |
| City   | State<br>FL | Zip Code |

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 LALAINA A. LANDAU  
Company of Miami REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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: LUIS A. DE ARMAS Ass't SECRETARY 1-6-99 (305) 379-9114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #