

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 James E. Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC -1 PM 12:49

DOCUMENT # V35559

1. Corporation Name

INTERNATIONAL TELECOMMUNICATIONS PROMOTIONS, I.  
 T.P., INC.

Principal Place of Business

Mailing Address

495 BILTMORE WAY #208  
 #205  
 CORAL GABLES FL 33134  
 US

495 BILTMORE WAY  
 #208  
 CORAL GABLES FL 33134  
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0343034

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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	4 City / State / Zip
P	YUMISEVA, ANNA MARIA	495 BILTMORE WAY #208	CORAL GABLES FL
M	YUMISEVA, CARMEN L	UNIVERSITY INN CONDO.	CORAL GABLES FL 3
	Yumiseva, Ana Maria	475 Biltmore Way S-300	Coral Gables, FL 33134
	Yumiseva, Carmen L.	1248 S. Alhambra Cir.	Coral Gables, FL 33146
			900003500299--8 -12/13/00--01097--011 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLLANDER, MARK  
 9700 SOUTH DIXIE HWY,  
 SUITE 900  
 MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

11. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/00

305-567-2492

CR20040 (8/00)

# Frecuencia<sup>2</sup>

LA REVISTA PARA LAS COMUNICACIONES INALAMBRICAS

November 27, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept our payment of \$150.00 for the reinstatement of our corporation. We did not receive any previous notices. I believe this happened due to our change of address. We kindly ask you to waive the Reinstatement Fees. Our new address is: ITP Corporation, Inc., 475 Biltmore Way, S-300, Coral Gables, FL 33134.

Sincerely,



Carmen Yumiseva  
Office Manager  
ITP Editorial

## ITP Editorial

495 Biltmore Way, Suite 208  
Coral Gables, FL 33134-5756

Tel.: 305.567.2492

Fax: 305.448.5067

itpedit@itpeditorial.com

www.itpeditorial.com