

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 3 PH 3: 26

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69898

1. Corporation Name

PROTEL INVESTMENTS, INC.

2. Principal Office Address

2400 SW 3RD Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33129

Country

Dade County

3. Mailing Office Address

2400 SW 3RD Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33129

Country

Dade County

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/1992

5. FEI Number

52-1399070

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

Corporate Process Services, Inc.

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

648 Palmetto Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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 12/12/05

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
D	WALTER JAMES ALCOCK	EDIFICIO EASO 26, CHACATO	CARACAS, VENEZUELA
D	CAROLINA DE ALCOCK	EDIFICIO EASO 26, CHACATO	CARACAS, VENEZUELA

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)(j), 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

12 DEC. 2005

Date

Daytime Phone #

CORPORATE PROCESS SERVICES, INC.

2300 Coral Way, Suite 200

Miami, FL 33145

Phone (305) 856-0056

Fax (305) 856-2030

December 22, 2005

Mr. Sean Toner
c/o Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Protel Investments, Inc.
Document #V69898

Dear Mr. Toner:

Please be advised that the notification of renewal for the above-mentioned corporation was never received. I am attaching a check in the amount of \$308.50 as payment for renewal of this corporation.

Thanking you in advance for your cooperation, we remain.

You truly,

Corporate Process Services, Inc

By: 
Vivian Williams

Enclosure
/am

cc: [unclear]
cc: [unclear]