2006 FOR PROFIT CORPORATION REINSTATEMENT

· i [- i) **DOCUMENT # P02000050001** 1. Entity Name 06 MAR 21 / 13 9: 01 I.W.T. WIRELESS, CORP. TATTATA STELLERANDA Principal Place of Business Mailing Address 8284 NW 68TH STREET 8284 NW 68TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 3038 NW 82nd Ave PEINS ATEMENES (11/05) 05-06 Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 331 aa APPLIED FOR 04-3675322 Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEBREDA, LUIS F Street Address (P.O. Box Number is Not Acceptable) **8248 NW 68 STREET** MIAMI, FL 33166 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ÞΟ TITLE TITLE Delete Change ■ Addition nebreda, Luis F Bo38 NW 82 AVE NAME NEBREDA, LUIS F NAME STREET ADDRESS 8284 NW 68TH STREET STREET ADDRESS Miami, Fl. 33122 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-7IP STD ☐ Delete TITLE TITLE ☐ Addition Boss un 82 Ave NAME MARIANI, CARLOS NAME STREET ADDRESS 8284 NW 68TH STREET STREET ADDRESS Migm, +1. 33122 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Blasini, Eleonora 3038 NW82 AUE. Miami, Fl. 33122 BLASINI, ELEONORA NAME NAME STREET ADDRESS 8284 NW 68TH STREET STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CiTY-ST-ZIP TITLÉ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 400069050834 03/30/06--01039--015 **300.00 STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone