

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -9 PM 1:13

DOCUMENT # **F01000004437**

1. Corporation Name

Cell-All, Inc.

W04-39139

2. Principal Office Address

212 Walbury Dr.

Suite, Apt. #, etc.

City & State

Knightdale, NC

Zip
27545

Country
USA

3. Mailing Office Address

P.O. Box 3168

Suite, Apt. #, etc.

City & State

Greenville, NC

Zip
27836

Country
USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/17/01

5. FEI Number

562153978

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

Michael M. Bajalia

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

1301 Riverplace Blvd., Suite 1700

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32207

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

Michael M. Bajalia
REGISTERED AGENT MUST SIGN

Date

10/15/04

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
CPT	Samer A. Kirdassi	212 Walbury Dr.	Knightdale, NC 27545
S	Kendra Moore	212 Walbury Dr.	Knightdale, NC 27545

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10/21/04--01036--020 **811.25

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12/14/04--01052--002 **88.75

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

Date

10-19-04 727 8671727

Daytime Phone #

(2/9 am)

CR2E081 (01/04)