


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004735	
1. Entity Name RECELLULAR INC.	

FILED

04 NOV -2 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2555 BISHOP CIRCLE WEST DEXTER, MI 48130-1563	Mailing Address 7851 N.W. 15TH STREET MIAMI, FL 33126
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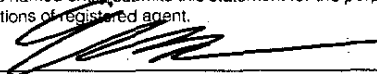
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1633 NW 79th Ave Suite, Apt. #, etc.
City & State	City & State Miami FL
Zip Country	Zip Country
33126	33126



REINSTATEMENT

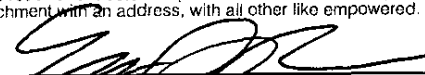
04

6. Name and Address of Current Registered Agent STRAUS, GARY A 7851 N.W. 15TH STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Eric Forster Street Address (P.O. Box Number is Not Acceptable) 1633 NW 79th Ave City Miami FL Zip Code 33126	
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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 	DATE 10-28-04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NEWMAN, CHARLES 1580 EAST ELLSWORTH ANN ARBOR, MI 48108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 Bishop Circle West Dexter, MI 48130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORSTER, ERIC 46995 MORNINGSTAR CANTON, MI 48188 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800042395568 11/02/04--01029--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMAN, ALLAN 7400 NEWMAN BLVD. DEXTER, MI 48130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAUS, GARY A 4841 GULLANE DRIVE ANN ARBOR, MI 481038701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Steve Klein 2555 Bishop Circle West Dexter MI 48130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 10-28-04
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	