2004 FOR PROFIT CORPORATION RE!NSTATEMENT

REINSTATEMENT					Theres & I Sens Low			
DOCUMENT # F01000004735								
1. Entity Name RECELLULAR INC.					04 NOV -2 PH 4: 58			
				THE	cani	STIARY OF STA	TE	
Principal Place of Business Mailing Address					TALLA	KETARY OF STATA AHASSEE, FLOR	AÜL	
2555 BISHOP CIRCLE WEST 7851 N.W. 15TH STREET DEXTER, MI 48130-1563 MIAMI, FL 33126								
		1633 NW 79	th Ave			iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
Suite, Apt. #, etc. Suite, Apt. #, etc.				102 20	T PHOCOM	2 (6/04)	0 4	
City & State		City & State Miami FL		4. FEI N	umber 3434292	 -	oplied For of Applicable	
Zip	Country	^{Zip} 33126	Country	5. Certifi	cate of Status Desired	□ \$8.75 Add Fee Require		
=	6. Name and Address of Current I			7. Name	and Address of New	Registered Agent		
STRAUS, GARYA Eric Forster								
•	15TH STREET	Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
·			City Y	niami	iami FL 33726			
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 egistered agent.								
10-28-14								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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.								
10.	OFFICERS AND		11.	ADDITIO	DNS/CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	PCD NEWMAN, CHARLES	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	1580 EAST ELLSWORTH	,	STREET ADDRESS	2555 B	ishop Circl MI 4813	e West		
CITY-ST-ZIP	ANN ARBOR, MI 48108		CITY-ST-ZIP	Dexter	MI 4813			
TITLE	V	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS	FORSTER, ERIC 46995 MORNINGSTAR		STREET ADDRESS		200042	39558		
CITY-ST-ZIP	CANTON, MI 48188		CITY-ST-ZIP	11	702/040102	395568 <u>9014 **150</u>	.00	
TITLE	S	_ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	NEWMAN, ALLAN 7400 NEWMAN BLVD.		NAME STREET ADDRESS				-	
CITY-ST-ZIP	DEXTER, MI 48130		CITY-ST-ZIP				ĺ	
TITLE	Т	⊠ Delete	TITLE			☐ Change	☐ Addition	
NAME	STRAUS, GARY A		NAME					
STREET ADDRESS CITY-ST-ZIP	4841 GULLANE DRIVE ANN ARBOR, MI 481038701	·	STREET ADORESS CITY-ST-ZIP				Ì	
TITLE	7	☐ Delete	TITLE	Treasu	er	☐ Change	Addition	
NAME			NAME	steve	čiein sishop circi	e west		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2500 1	- m1 4	8130	1	
TITLE	<u> </u>	Delete	TITLE	I JEX TE	1	☐ Change	Addition	
NAME			NAME				2118 P 11	
STREET ADDRESS	ر مان المساور المساو	dearmage of laws	STREET ADDRESS	-		". * · ·	· -]	
CITY-ST-ZIP		All titles de la late de la late de	CITY-ST-ZIP	and in Contine 110 (17/3Vi) Florido Statuto	e I further certify that the i	information	
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.								

SONATURE AND TYPELOR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-04

Daytime Phone #