BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F02000003409

1. Corporation Name

FRESNEL WIRELESS SYSTEMS LIMITED, INC.

Principal Place of Business

Mailing Address

1333 GATEWAY DRIVE, STE, 1007 MELBOURNE FL 32901

1833 GATEWAY DRIVE STE 1007

MELBOURNE FL 32901

FILED

03 NOV 17 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11/17/03--01099--018 **758.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.]				
1800		ng Office Address, O Penn		Date Incorporated or Qualified To Do Business in Florida 07/02/2002					
Suite, Apt. #, etc. Suite, Apt. #, Suite, Apt. #,					5. FEI Number 03 - 0467923			Applied For	
City & State / City & State			bourne, Florida		ABBUILD FOR			Not Applicable	
Zip 32901 Country USA Zip 329			ol Cou		6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status				
	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprotit corp	orations must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip				
D	SINCLAIR, DAVID	LE FORMENTOR, 27 AVE. PRINCESSE			MC 9800 MONACO				
D	BANFIELD, DAVID	7 RUE SUFFREN RAYMOND, MC 9800 M			MONACO				
- D	PODUVAL, SUNIL			ST. JOHN'S CLOSE, SOLIHULL, WEST			BN93 ONN, ENGLAND		
-3	PATEL, AMITA	QUANTUM HOUSE, MAYLANDS AVE., HE			HERTFORDSHIRE FP2 7DE, ENGLA				
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	8. Name and Address of Current F		9. Name and Address of New Registered Agent						
CADITO	OL CORPORATE SERVICES, INC.			Name Busin		ings Incor	pors	ted	
	IORTH DUVAL STREET	Street Address (P.O. Box Number is Not Acceptable) 660 East Jeffelson Street							
TALLAHASSEE FL 32303			Suite, Apt. #, Etc.						
			City Tall chassee			State Zip Code FL 3230/			
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar			on 607.0505, F.S. or 617.05	05, F.S.		

Signature of Registered Agent		LUP .	· · · · · · · · · · · · · · · · · · ·		: ्क : व	1	Date	11/12/03	<u> </u>
	REGISTERED AGENT MUST SIGN								
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11. 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 pald 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.

	DANIO	SINC	LAIR		
· · ·		11	1 Em	- P	201

+441564 206070

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Morela

Daytime Phone #