PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATI STATEM | | | 割 s | Secretary | TMENT OF STATE of State orporations | | 08 MAY 27 | PH 2:48 | |
|---|-------------------|--------|------------------------------|----------------|---|---------------------------------------|--|--|-------------------|--|
| DOCUMENT # F05000007251 1. Corporation Name CELL2NET, INC. | | | | | | | | JEURETARY TALLAHASSE! | | |
| "45 E FLAGLER STREET 45 | | | | 45 E FLA | 3. Mailing Office Address 45 E FLAGLER STREET | | | REINSTATEMENT 06-08 | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, | Suite, Apt. #, etc. | | | Date Incorporated or Qualified To Do Business in Florida 12/14/2005 | | |
| City & State MIAMI Zip | MIAMI | | | | | Country | 5. FEI Number Applied For 20-3927615 Not Applicable | | | |
| 33131 | USA | | | Zip 33131 | | USA | 6. CERTIFICAT | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | |
| 7. Name and Address of Current Regist Name SHLOMO ROZEN Street Address (P.O. Box Number is Not Acceptable) 45 E FLAGLER STREET Suite, Apt. #, Etc. City MIAMI | | | | | | State Zip Code 33131 | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | |
| 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 REGISTERED AGENT MUST SIGN | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le | | | | | | | | | | |
| Titles | | Office | Name of ars and/or Direct | ctors | Street Address of Eac Officer and/or Directo | | | Ci | ity / State / Zip | |
| Р | SHLOMO ROZEN | | | | 45 E F | LAGLER STREET | | MIAMI FL 33131 | | |
| VP | DAN ORAN | | | | 7311 1 | NW 17 CT | | HOLLYWOOD FL 33024 | | |
| | | | | | | | 06703 | 200130901942 06/05/0801018008 **450.00 | | |
| | | | | | | | | | | |
| 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 contained in Chapter 119, F.S. The information indicated on this application is tyle 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 Date Daytime Phone # | | | | | | | | | | |