

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 2:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000631**

1. Corporation Name

CELLULAR WHOLESALERS, INC.

Principal Place of Business

10193 N.W. 30 STREET
 UNIT 103
 MIAMI FL 33172
 US

Mailing Address

5151 CHURCH ST.
 SKOKIE IL 60077-1208
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/07/1985

5. FEI Number

36-3519553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DV	LEAVITT, PHILIP	5151 CHURCH ST.	SKOKIE IL 60077
DV	GEITNER, SHERWIN	5151 CHURCH ST.	SKOKIE IL 60077
DP	GOLDBERG, RONALD	5151 CHURCH ST.	SKOKIE IL 60077
ST	COHEN, MELVYN	5151 CHURCH ST.	SKOKIE IL 60077
			300003029873--8 -11/01/99--01007--001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99
 Date

(817) 676 8871
 Daytime Phone #



October 14, 1999

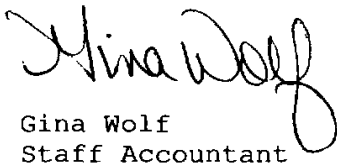
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

This letter is to request waiver of the \$600.00 reinstatement fee, as we never received notice of the annual report. Per instructions from your office, we only need to submit the original annual report fee of \$150.00. In addition, we do not need to have the registered agent sign the form as we have the same agent and will not be considered as dissolved or revoked.

Enclosed is check# 41669 for \$150.00 in payment for the original annual report fee. Please contact Gina at 847-676-8715 with any questions or problems.

Thank you,


Gina Wolf
Staff Accountant