

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 12 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F96000000422

1. Corporation Name

GO WIRELESS INTERNATIONAL LTD. INC

Principal Place of Business

Mailing Address

7025 S. TROPICAL TRAIL SAME  
MERRITT ISLAND FL 32952

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

2. New Principal Office Address, If Applicable

1819 S. RIVERVIEW PK.

3. New Mailing Office Address, If Applicable

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City

MELBOURNE FL

City & State

Zip

32901

Country

BREVARD, USA

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/25/96

5. FEI Number

59-3341176

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PO	MICHAEL K. CLIFFORD	7025 S. TROPICAL TRAIL	MERRITT ISLAND, FL 32952
C	WARNER, WILLIAM C.	7025 S. TROPICAL TRAIL	MERRITT ISLAND, FL 32952
VC	WARNER, LUCIEN M.	7025 S. TROPICAL TRAIL	MERRITT ISLAND, FL 32952

REINSTATEMENT

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name

800002374038-6

Street Address (P.O. Box Number is Not Accepted) -12/16/97-01110-006

Suite, Apt. #, Etc. \*\*\*\*750.00 \*\*\*\*750.00

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

Barbara A. Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

10-8-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97 407-676-4151  
Date Daytime Phone #