

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # F96000000422

1. Corporation Name

GO WIRELESS INTERNATIONAL LTD. INC.

Principal Place of Business

Mailing Address

1819 S. RIVERVIEW DR
MELBOURNE FL 32901

1819 S. RIVERVIEW DR
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7025 S. Tropical Trail
Suite, Apt. #, etc.

7025 S. Tropical Trail
Suite, Apt. #, etc.

City & State

City & State

Merritt Island FL
Zip 32952 Country USA

Merritt Island FL
Zip 32952 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1996

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CLIFFORD, MICHAEL K	7025 SOUTH TROPICAL TRAIL	MERRITT ISLAND FL 32952
VC	TURNER, WILLIAM C	7025 SOUTH TROPICAL TRAIL	MERRITT ISLAND FL 32952
VC	WARNER, LUCIEN M	7025 SOUTH TROPICAL TRAIL	MERRITT ISLAND FL 32952
			0000002777020--5 -02/16/99--01051--030 ****750.00 ****750.00
			0000002777020--5 -02/16/99--01051--031 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Michael K. Clifford
Street Address (P.O. Box Number is Not Acceptable)
7025 S. Tropical Trail
Suite, Apt. #, Etc.

City Merritt Island State FL Zip Code 32952

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

REGISTERED AGENT MUST SIGN

Date 1/20/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/20/99 Daytime Phone #

CR2ED40 (9/98)