

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 # F96000004852

1. Corporation Name

EASY CELLULAR, INC.

Principal Place of Business

8625 WEST SAHARA AVENUE
LAS VEGAS NV 89117

Mailing Address

~~8625 WEST SAHARA AVENUE~~
~~LAS VEGAS NV 89117~~
1522 GULF BLVD
INDIAN ROCKS Bch, FL 33785

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

1522 GULF BLVD

INDIAN ROCKS Bch, FL

33785

Florida

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1996

5. FEI Number

88-0359487

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	POLLARA, RICHARD	8625 WEST SAHARA AVENUE	LAS VEGAS NV
VSTD	BUCCIERI, LORINDA C	8625 WEST SAHARA AVENUE	LAS VEGAS NV
D	BUCCIERI, PETER	8625 WEST SAHARA AVENUE	LAS VEGAS NV
D	CALDWELL, ROBIN	8625 WEST SAHARA AVENUE	LAS VEGAS NV

REINSTATEMENT '97

200002339512-9214

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

ROBIN CALDWELL

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

1522 GULF BLVD

Suite, Apt. #, Etc.

City

INDIAN ROCKS BEACH

State

FL

Zip Code

33785

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-28-97

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.

ROBIN CALDWELL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-97

Date

813-448-9301

Daytime Phone #

CR2E040 (8/97)