

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

98 DEC 10 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001373

1. Corporation Name

SIMPLY CELLULAR SERVICES, INC.

Principal Place of Business

Mailing Address

4270 ALOMA AVE., #140
WINTER PARK FL 32792

4270 ALOMA AVE., #140
WINTER PARK FL 32792

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

161391651

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
PDC	FRONCZEK, JOE	12 ALDEN AVE.	AUBURN NY 13021
S	FRONCZEK, MARY ANN	12 ALDEN AVE.	AUBURN NY 13021
VDC	FRONCZEK, CASEY	2115 BOUQUET CT., #105	ORLANDO FL 32807
			800002712538--6 -12/15/98--01033--014 ****150.00 ****150.00
			12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRONCZEK, CASEY
2115 BOUQUET CT., #105
ORLANDO FL 32807

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

Casey A. Fronczek
REGISTERED AGENT MUST SIGN

Date 11-20-98

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)(f), 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:

Casey A. Fronczek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98
Date

Daytime Phone #

20f2



Authorized Agent Of

© **BELLSOUTH Mobility®**

4270 Aloma Ave. • Suite 140 • Winter Park, FL 32792 • (407) 673-5755 • Fax (407) 673-1890

To: Florida Department of State C/O reinstatement department

From: Joseph Fronczek

Dear sir,

Per our conversation today I am applying for a one time waiver for the application for reinstatement. Enclosed you will find our check for \$150.00 for applying for a waiver al forms for 1997 will be sent directly to your office. We appreciate all of your assistance.

Joseph P. Fronczek

CEO Simply Cellular Services Inc.

A handwritten signature in black ink, appearing to read "Joseph P. Fronczek", written over a horizontal line.