

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Marjorie Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002377

1. Corporation Name

CELLULAR SERVICES INC.

Principal Place of Business

8946 PENSACOLA BLVD  
PENSACOLA FL 32534

Mailing Address

8946 PENSACOLA BLVD  
PENSACOLA FL 32534



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

2. New Principal Office Address, If Applicable

8942 Pensacola Blvd.

Suite, Apt. #, etc.

City & State

Pensacola Florida

Zip 32534

Country

3. New Mailing Office Address, If Applicable

8942 Pensacola Blvd.

Suite, Apt. #, etc.

City & State

Pensacola Florida

Zip 32534

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1998

5. FEI Number

54-1692256

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | DUPUIS, CHRISTOPHER J                     | 8177 RIVERVIEW ROAD                                    | GLOUCESTER VA           |
| V             | DUPUIS, ANGELA                            | 8177 RIVERVIEW ROAD                                    | GLOUCESTER VA           |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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|               |   |  |                         |

600003035476--8  
-11/04/99--01085--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

DUPUIS, CHRIS  
1111 MALDONADO  
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name  
CHRIS Dupuis  
Street Address (P.O. Box Number is Not Acceptable)  
3014 PINE VALLEY ROAD  
Suite, Apt. #, Etc.

City  
PAGE  
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

Christopher Dupuis

REGISTERED AGENT MUST SIGN

Date Oct. 12, 1999

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Dupuis

Oct. 12, 1999 8504843977

Date

Daytime Phone #

CR2E046 (6/99)

AD