

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000006577

1. Corporation Name

APPLIED CELLULAR TECHNOLOGY FINANCIAL CORP.

FILED

99 DEC 22 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

360 RT. 101, UNIT 6A
BEDFORD NH 03110

Mailing Address

360 RT. 101, UNIT 6A
BEDFORD NH 03110

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

SP

5. FEI Number

02-0503351

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
CV	SULLIVAN, GARRETT A	400 ROYAL PALM WAY, SUITE 410	PALM BEACH FL 33480
TD	LOPPERT, DAVID A	400 ROYAL PALM WAY, SUITE 410	PALM BEACH FL 33480
VCPS PSD	ARTIGLIERE, JEROME C	360 RT. 101, UNIT 6A	BEDFORD NH 03110
D	SULLIVAN, RICHARD J	19 NATHANIEL DR	AMHERST NH 03031
V	Black, Charles E.	360 Rt. 101 W, Unit 6A	Bedford, NH 03110

8. Name and Address of Current Registered Agent

SULLIVAN, GARRETT A
400 ROYAL PALM WAY, SUITE 410
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003082423--6

-12/29/99--01005--015

***750.00 State ***750.00

FL

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

Garrett A. Sullivan

REGISTERED AGENT MUST SIGN

Date 12/20/99

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:

Garrett A. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Garrett A. Sullivan

12/20/99

501-366-4800

Daytime Phone #