PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 OCT -3 PM 2: 34

SECRETARY OF STATE FALLAHASSEE. FLORIDAY

iDOCI.	IMFNT #	P00000044355

1. Corporation Name

ACTION WIRELESS, INC.

_				
2. Principal Office Address 2206 N. E. 26th St. Suite, Apt. #, etc.  City & State Ft. Lauderdale, FL		3. Mailing Office	3. Mailing Office Address  2206 N. E. 26th St.  Suite, Apt. #, etc.	
		2206 N.		
		Suite, Apt. #, etc.		
				4. Date Incorporated or Qual To Do Business in Florida
		City & State	City & State	
		Ft. Lauderdale, FL 33305		5. FEI Number
Zip	Country	Zip	Country	20-0007474
33305	Broward	33305	Broward	CERTIFICATE OF STATUS DE
		7. Name	and Address of Current Regis	itered Agent
Name	,			
<b>1</b> .	Joseph P. Hes	· ·		-

reins	TATE	WENT	2003
		· -,	AND PROPERTY OF THE PARTY OF TH

_	4. Date Incorporated or Qualified To Do Business in Florida	5/3/2000	
	5. FEI Number		Applied For
	26-0067474		Not Applicable
	6		

for a Certificate of Status

7. Name and Address of Current Reg	istered Agent				
Name					_
Joseph P. Hess					
Street Address (P.O. Box Number Is Not Acceptable) - 2206 N. E. 26th St.				•	
Suite, Apt. #, Etc.	<u></u>				
City		ate	Zip Code		
 Ft. Lauderdale	F		33305		

Signature o Registered	Agent Joseph P Mars REGISTERED A	GENT MUST SIGN	607.0505 or 617.0503, F.S.  Date 18/2/03
Titles	and Street Addresses of Each Officer and/or Director (Fig. Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zlp
Pres.	Joseph P. Hess	2206 N. E. 26th St.	Ft. Lauderdale, FL 33305
Sec.	Joseph P. Hess	n n n	. 11 11 11 11
Trea.	Joseph P. Hess	n n n n	17 19 19 19
		11	0023548001

10. 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 signatury shall have the same legal effect as if made under oath.

SIGN	ATU	RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE :

267069 4372512

AUTHORIZATION :

COST LIMIT \$ 750.00

ORDER DATE: October 3, 2003

ORDER TIME : 11:30 AM

ORDER NO. : 267069-005

CUSTOMER NO: 4372512

CUSTOMER: Gregg E. Jaclin, Esq

Anslow & Jaclin, Llp

2nd Floor, Freehold Executive Center 4400 Route 9 South

Freehold, NJ 07728

## DOMESTIC FILINGS

NAME: ACTION WIRELESS, INC.

XX \_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

DIVISION OF CORPORATION