

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000052073**

1. Corporation Name

**NATIONAL WIRELESS SERVICES, INC.**

Principal Place of Business

9208 PALM RIVER ROAD STE 303  
TAMPA FL 33619

Mailing Address

9208 PALM RIVER ROAD STE 303  
TAMPA FL 33619

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2000

5. FEI Number

65-0850072

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	4 City / State / Zip
D	BEAVERS, JAMES C	3403 CYPRESS LANDING DR	VALRICO FL 33594
D	BEAVERS, ANDRONIKI	3403 CYPRESS LANDING DR	VALRICO FL 33594

900004679219--3  
-11/14/01--01085--004  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BEAVERS, JAMES S  
3403 CYPRESS LANDING DR  
VALRICO FL 33594

9. Name and Address of New Registered Agent

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

*James Beavers*  
REGISTERED AGENT MUST SIGN

Date

10/19/01

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:

*James Beavers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

Daytime Phone #

APPROVED  
AND  
FILED

01 OCT 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001

CR2E040 (8/01)