

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000055688

1. Corporation Name

CELLULAR HUT, INC.

Principal Place of Business

15538 NW 5 STREET
PEMBROKE PINES FL 33028

Mailing Address

15538 NW 5 STREET
PEMBROKE PINES FL 33028

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

06/08/2000

5. FEI Number

65-1012961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

01

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
D	SINGH, PARMVEER	15538 NW 5 STREET	PEMBROKE PINES FL 33028
			300004699089--2 -11/29/01--01072--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANDERSON, JILL
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

PARMVEER SINGH

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

3168 S. UNI DR.

Suite, Apt. #, Etc.

City

MINNAPOLIS

State

FL

Zip Code

33025

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

REGISTERED AGENT MUST SIGN

Date

10/31/01

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: y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. VARNADORE NOV 28 2001

10/31/01

Date

Daytime Phone #

CR2E040 (8/01)