

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 13 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000062938

1. Corporation Name

WILIYER, INC.

2. Principal Office Address

8730 BISCAYNE BLVD

3. Mailing Office Address

P.O. BOX 530242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33138

Country

U.S.A.

Zip

33153

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2000

5. FEI Number

65-1032248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS GUILLERMO DURAN

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

8730 BISCAYNE BLVD

Suite, Apt. #, Etc.

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****300.00 ****300.00

City

MIAMI

State

FL

Zip Code

33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS GUILLERMO DURAN	8730 BISCAYNE BLVD	MIAMI, FL 33138
SD	LILIANA GERSA DURAN	8730 BISCAYNE BLVD	MIAMI, FL 33138

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*****17.50 *****17.50

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

SIGNATURE:

Luis Guillermo Duran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02
Date

305-754-0548
Daytime Phone #

CR2E081 (9/01)

LAW OFFICES OF GLORIA C. GONZALEZ, P.A.

ABOGADO

Telephone: (305) 827-0035

Fax: (305) 827-1057

**118 East 49th Street
Hialeah, Florida 33013**

September 12, 2002

Division of Corporations
Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314-6327

**Re: *Electronic Wireless Corp.*
*FEI Number: 65-0780484***

To Whom it May Concern:

Enclosed please find check number 2440 in the sum of \$300.00 made payable to Secretary of State along with the executed and completed Corporation Reinstatement Form. Please be informed that I have not received the Uniform Business Report from the Secretary of State. Therefore, I am kindly requesting for the Secretary of State to waive the additional fees incurred and apply this check to my account and reinstate the above-mentioned corporation.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,



Gloria C. Gonzalez, Esq.

GCG/rg

Enclosures