

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000064659

1. Corporation Name

CELWEAR TECHNOLOGIES, INC.

Principal Place of Business

6220 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

Mailing Address

6220 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

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

06/30/2000

5. FEI Number 42-1539034
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 APR 26 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

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
P	KAMDAR, MUHAMMAD H	6220 W.OAKLAND PARK BLVD	SUNRISE FL 33313

400033115174
04/20/04--01022--007 **150.00

04/24/03 90134 045 \$150.00

8. Name and Address of Current Registered Agent

KAMDAR, MUHAMMAD H
6220 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

04/15/04

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:

Muhammad H. Kamdar.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/15/04

Daytime Phone #

954-746-0808

CR2E040 (7/03)

To Whom It May Concern:

Dear Sir/Madam

We Paid the Fee of \$150.00 last year, and in return you asked for EIN number which we did not received in the mail. So I called and spoke to a representative (Kathy) over the phone she asked to write this and send with the check of \$150.00 and it will Reinstate.

Should you have any questions please feel free to call @
954-629-2804 or 1877-526-8393

Sincerely,

M. H. Kamdar
Celwear Technologies, Inc.
6220 W. Oakland Park Blvd.
Sunrise, FL. 33313