

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000065646

1. Corporation Name

MIAMI WIRELESS AND ACCESSORIES, INC.

Principal Place of Business

870 E 28 ST
HIALEAH FL 33013

Mailing Address

870 E 28 ST
HIALEAH FL 33013

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1614 SW 1 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1614 SW 1 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip Country

33135 USA

City & State

MIAMI FLORIDA

Zip Country

33135 USA

4. Date Incorporated or Qualified To Do Business in Florida

07/07/2000

5. FEI Number

65-1037570

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GARCIA, DUANLE	870 E 28 ST	HIALEAH FL 33013
VD	VIDAL, YOKER	2227 W 64 ST, APT 201	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

VIDAL, YOKER L
2227 W 64 ST, APT 201
HIALEAH FL 33016

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

REGISTERED AGENT MUST SIGN

Date

10-11-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-01 305-225-5167

2012

October 11, 2001.

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

SUBJECT: MIAMI WIRELESS AND ACCESSORIES, INC.

Ref. Number: P00000065646.

I am writing this letter to inform that Miami Wireless and Accessories, Inc., shows as inactive.

We paid a total of \$550.00 with a check # 1229, that was cashed on August 23rd, 2001.

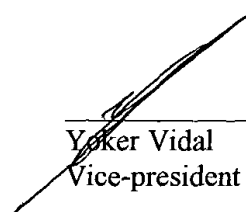
This office was missing the FEI number which is 65-1037570. We did not receive the letter stating this.

Please waive all other fees and reinstatement of our corporation.

Enclose find copy of the check # 1229.

Thank you for your attention at this problem.

Sincerely,


Yoker Vidal
Vice-president