

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

Page b7c

FLORIDA DEPARTMENT OF STATE

CORPORATION

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071569

1. Corporation Name

CELLTRON CELLULAR CORP.

2. Principal Office Address

1470 NW 78 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33126

3. Mailing Office Address

1470 NW 78 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33126

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

65-1055716

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAIO MAIA

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

1470 NW 78 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

04/29/2003

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 / Street / Zip |
|--------|--------------------------------------|---|---------------------|
| PD | CAIO MAIA | 1470 NW 78 AVE | MIAMI, FL 33126 |
| VD | VICENTE COBUCCI | 1470 NW 78 AVE | MIAMI, FL 33126 |
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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)(j), 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 #

04/29/2003

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Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Miami, April 29, 2003

Re: Celltron Cellular Corp. P00000108150

Rear Madam/Sir;

We respectfully request the reinstatement of Celltron Cellular Corp. Due to an address change we have not received the rejection letter from the State back in May, 2002. We request the state to waive any penalties on our 2002 filing. Enclosed please find Corporation Reinstatement form with a check of \$150.00 to pay for 2003 Uniform Business Report.

Sincerely



Caio Maia
President
Celltron Cellular Corp.