

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000073191**

1. Corporation Name
HI-TECH CELLULAR, INC.

Principal Place of Business Mailing Address

4691 NW 97 COURT **4691 NW 97 COURT**
MIAMI FL 33178 **MIAMI FL 33178**

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

FILED
01 NOV 14 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida **08/01/2000**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

5. FEI Number **65-1029221** 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
PSTD	SCHULMAN, ERIC	4691 NW 97 CT	MIAMI FL 33178

600004717176--8
12/10/01--01098--024
****150.00 ****150.00

[Signature]

8. Name and Address of Current Registered Agent

VEREBAY, LAYNE
888 SE 3 AVE STE 400
FT LAUDERDALE FL 33316

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.

Signature of Registered Agent *[Signature]* Date **10/17/01**

REGISTERED AGENT MUST SIGN

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.

954-275-6252

SIGNATURE: *[Signature]* **10/17/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



AT&T
Authorized Dealer

Hi-Tech Cellular, Inc.

4691 NW 97th Court
MIAMI, FLORIDA 33178

1-954-275-6252



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

10/18/01

Re: Document # P00000073191

To whom it may concern,

This is my first year in business and I did not receive any invoice prior to this notice about the \$150 fee for my corporation. I do not have a retail store and work this business from my house. I am having a bid of a hardship since the September 11th disaster since most of my customer are local Floridians that are watching what they are spending. This has caused a tremendous slow down in my new phone activations. I would like to request if at all possible if you could please waive the late fee. Enclosed is my check for the \$150 fee. Thank you.

Yours truly,

Eric Schulman - President
Hi-Tech Cellular, Inc.