

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093864

1. Corporation Name

CONNECTION WIRELESS ACCESSORIES, INC

000023963230
10/21/03--01030--023 **758.75

REINSTATEMENT 2003

2. Principal Office Address

1070 OLDE BAILEY LANE

3. Mailing Office Address

1070 OLDE BAILEY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST MELBOURNE, FL

City & State

WEST MELBOURNE, FL

Zip

32904

Country

BREVARD

Zip

32904

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2000

5. FEI Number

59-3675544

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

CHRISTOPHER PALADINO

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

1070 OLDE BAILEY LANE

Suite, Apt. #, Etc.

City

WEST MELBOURNE

State

FL

Zip Code

32904

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 10/16/2003

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 / State / Zip |
|--------|--------------------------------------|---|--------------------------|
| PSTD | CHRISTOPHER PALADINO | 1070 OLDE BAILEY LANE | WEST MELBOURNE, FL 32904 |
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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)(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:

CHRISTOPHER PALADINO 10/16/2003 (321) 288-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)