

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

DOCUMENT # P00000106859

1. Corporation Name

CELEBRITY CELLULAR CORP.

Principal Place of Business

23012 SANDALFOOT PLAZA DRIVE  
BOCA RATON FL 33428

Mailing Address

23012 SANDALFOOT PLAZA DRIVE  
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2000

5. FEI Number

65-1055035

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STURZA, STUART H	270 FANSHAW G 23012 SANDALFOOT PLAZA DR	BOCA RATON FL 33434 33428
V	STURZA, JEFFREY A	270 FANSHAW G 23012 SANDALFOOT PLAZA DR	BOCA RATON FL 33434 33428
			200004674742--2 -11/13/01--01004--023 *****150.00 *****150.00
			01 18432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STURZA, JEFFREY A MR.

270 FANSHAW G

BOCA RATON FL 33434

23012 SANDALFOOT PLAZA DR

BOCA RATON FL 33428

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

BOCA RATON

FL

33428

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

Jeffrey A. Sturza

REGISTERED AGENT MUST SIGN

Date

10-22-01

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:

Jeffrey A. Sturza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-01 561-483-4100

Daytime Phone #

ATT: Lee Yarbrough

APR 22

We spoke on OCT 22, 2001

Here is my Business Report That WAS  
Dissolution + A check For \$150.<sup>00</sup> For The  
2001 UNIFORM Business Report That I never  
Received + you said you will waived the  
- Fee For any Question PLEASE Feel Free  
To call me AT 561-483-4100 or AT 561-756-4100

Please send me ANY Certificate IF I need one

New ADD  
For Reg Agent

23012 SANDRI FOOT PLAZA DR  
BOCA RATON FL 33428

THANK YOU  
For everything

Jeffrey Stura

JEFFREY STURA