

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P0000108150**

1. Corporation Name

CELLTRON CELLULAR CORPORATION

2. Principal Office Address

9410 NW 12 STREET

Suite, Apt. #, etc.

SUITE 313

City & State

MIAMI, FLORIDA

Zip

33172

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/200

5. FEI Number

65-1055716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

03 SEP -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

600022929226  
09/10/03--01044--016 \*\*300.00

REINSTATEMENT

02-03

**7. Name and Address of Current Registered Agent**

Name

DIEGO RULLI

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

9410 NW 12 STREET

Suite, Apt. #, Etc.

SUITE 313

City

MIAMI

State

FL

Zip Code

331

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

**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
PD	DIEGO A. RULLI	9410 NW 12 STREET SUITE 313	MIAMI, FLORIDA 33172
VP	AUGUSTO LEONARDO RULLI	9410 NW 12 STRRET SUITE 313	MIAMI, FLORIDA 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIEGO RULLI

9/3/03

Date

305) 716-9610

Daytime Phone #

CR2E081 (10/02)

71 4/5