

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 15 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000114948

1. Corporation Name

NOVAPAGE WIRELESS INC

2. Principal Office Address

1984 west 64 st

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

DADE

3. Mailing Office Address

1984 west 64 st

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

DADE

4. Date Incorporated or Qualified

To Do Business in Florida 12-15-2000

5. FEI Number

65-1063746

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

NELSON M MARTINEZ

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

1984 west 64 st

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

700005337187-1

-04/24/02--01014--023

****300.00 ****300.00

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

Date

REGISTERED AGENT MUST SIGN

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
PRES	NELSON M MARTINEZ	1984 west 64 st	HIALEAH, FL 33012

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

4-12-2002

Date

305 820-0606

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 2, 2002

NOVAPAGE WIRELESS, INC.
1984 W. 64TH STREET
HIALEAH, FL 33012

SUBJECT: NOVAPAGE WIRELESS, INC.
Ref. Number: P00000114948

Pursuant to our telephone conversation of April 2, 2002, I am enclosing a blank reinstatement application.

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. Our records indicate the 2001 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$300.00. Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 102A00019295