

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000588

1. Corporation Name

PAGESOUTH CELLULAR, INC.

Principal Place of Business

8028 OLD COUNTY ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address

8028 OLD COUNTY ROAD 54
NEW PORT RICHEY FL 34653

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3689265

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PCEO	BETZ, JAMES A	8028 OLD COUNTY ROAD 54	NEW PORT RICHEY FL 34653
VP	TIRELLO, ROBERT J	8028 OLD COUNTY ROAD 54	NEW PORT RICHEY FL 34653
VP	Williams, Teresa	8028 Old County Road 54	New Port Richey FL 34653

000009053800

11/18/02--01090--014 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BETZ, JAMES A
8028 OLD COUNTY ROAD 54
NEW PORT RICHEY FL 34653

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11-10-02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-02

02834043255

CR2E040 (8-02)

Page South Cellular

"Second to None in Nationwide Wireless Communications!!"

Date: November 10, 2002

RE: Reinstatement for P01000000588


To Whom It May Concern:

I did not receive the two prior uniform business report notices. I had no idea that this company was administratively dissolved.

I am sending in my original filing fee of \$150.00 plus \$8.75 for a certificate of status.

Please reinstate Document # P01000000588 under original terms and conditions.

Thanking you in advance for your time and consideration in this matter,



James Betz,
President