

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 16 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001376

1. Corporation Name

ACI WIRELESS CORPORATION

Principal Place of Business

2950 POWERS AVE.
JACKSONVILLE FL 32207

Mailing Address

2950 POWERS AVE.
JACKSONVILLE FL 32207

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

12/28/2000

5. FEI Number

59-3693029

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
D	SANTOS, MICHAEL G	1157 CREEKS EDGE CT.	PONTE VEDRA BEACH FL 32082

100004658201--0

-10/30/01--01005--006

****150.00 ***150.00

LS

8. Name and Address of Current Registered Agent

DOYLE, WILLIAM E ESQ
2002 SOUTHSIDE BLVD., #201
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name Michael G. Santos
Street Address (P.O. Box Number is Not Acceptable)
1157 Creeks Edge Ct
Suite, Apt. #, Etc.
City Ponte Vedra Beach State FL Zip Code 32082

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

Michael G. Santos
REGISTERED AGENT MUST SIGN

Date

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:

Michael G. Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

9047375210

Daytime Phone #

CR2E040 (801)



2002

October 15, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: 59-3693029

To Whom It May Concern:

Please find enclosed the Application for Reinstatement. Due to the fact that we were incorporated December 28, 2000 we feel we never received the Corporate Annual Report. We have completed the requirements as per your telephone recording and are sending the Reinstatement application along with a check for \$150.00.

Please abate any penalties related to this matter.

Thank you for your assistance.

Sincerely,

Michael G. Santos
President
MGS:jes

NEXTEL

INTER-TEL

authorized agent of
BELL SOUTH