

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 OCT 28 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026106

1. Corporation Name

EWIRELESS2001.COM INC.

Principal Place of Business

1003 LEEDS CT.  
WINTER PARK FL 32792

Mailing Address

1003 LEEDS CT.  
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/2001

5. FEI Number

59-3703377

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BARR, ELLEN	1003 LEEDS CT.	WINTER PARK FL 32792

300008638343  
10/28/02-01133-013 \*\*150.00

8. Name and Address of Current Registered Agent

BARR, ELLEN  
1003 LEEDS CT.  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CP2E040 (8/02)

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. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

Daytime Phone #

407-234-7283

# **EWIRELESS2001.COM, INC**

1003 Leeds Ct.  
Winter Park, FL 32792

October 24, 2002

**Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327**

~~I did not receive the prior uniform business report (UBR) notice, please accept~~  
the fee of \$150.00 and waive the reinstatement fee. Thank you for taking care of  
this matter as soon as possible to maintain the active status of my corporation.  
Please feel free to contact me at anytime at 407-234-7283.

I am enclosing the ck for \$150.00 and the signed form. Thank you for your time  
and consideration.

Sincerely,



Barr, Ellen  
President