

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

04 DEC 22 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000034430

**1. Corporation Name**

America's Wireless Choice, Inc.

4421 NW Blitchton Rd.  
P.O. Box 830879

**2. Principal Office Address**

4421 NW Blitchton Rd.

Suite, Apt. #, etc.

# 233

City & State.

Ocala

Zip

FL

Country

Marion

**3. Mailing Office Address**

P.O. Box 830879

Suite, Apt. #, etc.

City & State.

Ocala

Zip

34483-0879

Country

Marion

REINSTATEMENT 03-24

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/02/2001

**5. FEI Number**

Not Applicable

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

Lisanne Poldvee

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

4421 NW Blitchton Rd.

Suite, Apt. #, Etc.

# 233

City

Ocala

State

FL

Zip Code

34482

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/20/04

**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
D	Lisanne Poldvee	4884 SE 33 Ave	Ocala, FL

800043587298  
12/22/04--01061--005 \*\*908.75

**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]*

Lisanne Poldvee

12/20/04

352-732-7348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)