

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048032

1. Corporation Name

WIRELESS MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

Mailing Address

4217 WESTMINSTER RD.  
SEBRING FL 33872

4217 WESTMINSTER RD.  
SEBRING FL 33872



REINSTATEMENT

03

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

05/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1112772

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

Sebring, FL  
33872 U.S.

FL

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	DIBBLE, WILLIAM A	4217 WESTMINSTER RD.	SEBRING FL 33872

300023969243  
10/21/03--01050--018 \*\*150.00

10/12/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIVINGSTON, JAMES L  
445 S. COMMERCE AVE.  
SEBRING FL 33870

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

Date 10/14/03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)

To Whom it may concern

Please wave my re-instatement fee. I did not  
receive the notice please note on my application the  
new address.

M. Cub

Wireless Management