

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 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053428

1. Corporation Name

WIRELESS DIGITAL SOLUTIONS, INC.

Principal Place of Business

685 LOCKWOOD LN.
JACKSONVILLE FL 32259

Mailing Address

685 LOCKWOOD LN.
JACKSONVILLE FL 32259



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

2. New Principal Office Address, If Applicable

10584-15 old St Augustine Rd

3. New Mailing Office Address, If Applicable

10584-15 old St Augustine Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax FL

Zip

Country

32257

Zip

Country

32257

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2001

5. FEI Number

59-3721410

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	PROFFITT, MICHAEL	685 LOCKWOOD LN.	JACKSONVILLE FL 32259
		10584-15 old St Augustine Rd	Jacksonville, FL 32257

700008565117
10/24/02-01037-011 **150.00

8. Name and Address of Current Registered Agent

PROFFITT, MICHAEL
685 LOCKWOOD LN.
JACKSONVILLE FL 32259

9. Name and Address of New Registered Agent

Name

Michael Proffitt

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

10584-15 old St Augustine Rd

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32257

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

10/22/02

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

10/22/02

904-230-2086

Date

Daytime Phone #

CR20040 (802)

To Whom It May Concern:

I Michael Proffitt am verifying that I did not receive any of the mentioned UBR notices as referenced in the important facts disclosure. I wish to reinstate my corporation Wireless Digital Solutions, Inc. for business in the state of Florida. I am enclosing a check of \$150.00.

Sincerely,

Michael J. Proffitt
President & CEO
Wireless Digital Solutions, Inc.

A handwritten signature in black ink, appearing to read "Michael J. Proffitt", is written over the typed name.