

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -2 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000092183
1. Corporation Name
WIRELESS DE AMERICA, INC

100008262131--8
-10/08/02--01001--021
****550.00 ****550.00

2. Principal Office Address <u>1157 FAIRLAKE TRACE</u> Suite, Apt. #, etc. <u>APT 1601</u> City & State <u>WESTON, FLORIDA</u> Zip <u>33326</u> Country <u>USA</u>		3. Mailing Office Address <u>1157 FAIRLAKE TRACE</u> Suite, Apt. #, etc. <u>SUITE 1601</u> City & State <u>WESTON, FL</u> Zip <u>33326</u> Country <u>USA</u>	
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4. Date incorporated or Qualified To Do Business in Florida <u>09/20/01</u>	
5. FEI Number <u>26-0010078</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name RICARDO E QUINTERO
Street Address (P.O. Box Number is Not Acceptable)
1157 FAIRLAKE TRACE APT #1601
Suite, Apt. #, Etc.
APT #1601
City
WESTON State
FL Zip Code
33326

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] Date 09/30/02
REGISTERED AGENT MUST SIGN

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
CEO	RICARDO E QUINTERO	1157 FAIRLAKE TRACE 1601 WESTON	WESTON, FL, 33326

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)(f), 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] Ricardo Quintero Date 09/30/02 Daytime Phone # 954-3493035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)