

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000092880**

1. Corporation Name

A.P.C. WIRELESS, INC

2. Principal Office Address

256 Washington Ave
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Homesstead FL

Zip

Country

33030

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-21-01

5. FEI Number

65-1151041

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

MARTINEZ, PETER, R

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

5420 SW 7th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33134

100024654731
11/14/03-01004-012 **150.00

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

X

REGISTERED AGENT MUST SIGN

Date

10-22-03

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	PETER R. MARTINEZ	5420 SW 7th Street	MIAMI FL 33030

100024654731
03/16/04--01094--015 **150.00

10. I certify that I am an officer or director or the receiver or trustee or 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:

PETER R. MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-03

Daytime Phone #

86-486-6703

CR2E081 (10/02)

To whom it may concern:

Florida Department of State

Glenda E. Hood, Secretary of State

We do apologize for any inconvenience that we may have cause in the past. We do want to explain that we never receive any of the letters before 11/14/03 to make any payments toward reinstating of the Corporation. In fact, we did send one hundred fifty dollars (\$150.00) for the month of 11/14/03, which was the only letter we did receive.

The prior secretary had never notify me about any letter from the Department of State before to the month of November so once more we apologize for any inconvenience, and we do hope that you will consider our corporation accept the apology and can reinstate the corporation as soon as possible. We are enclosing a copy of the receipt.

Thank You,

Peter Martinez

A handwritten signature in black ink, appearing to read "Peter A. Martinez", written over a horizontal line.