2009 FOR PROFIT CORPORATION REINSTATEMENT

PRINCIPAL PRICE OF DESIGNATION AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 2. Principal Place of Discress - No. P.O. Box # 3. Mailing Address AVE HOMESTEAD, FL. 33030 3. Mailing Address AVE HOMESTEAD, FL. 330300 3. Mailing Address AVE HOMESTEAD, FL. 33030 3. Mailing Address AVE HOMESTEAD, FL. 330300 3. Mailing A	DOCUMENT # P01000092880 1. Entity Name A.P.C. WIRELESS, INC.								FILED 09 APR 20 .PM 3: 50		
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S. Cerimente of Status Services of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am farmiser with, and accept the objugations of registered agent. SIGNATURE Byticks, types or picus name of registered agent. SIGNATURE Byticks, types or picus name of registered agent. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAMA MARTINEZ, PETER R SIRRET ADDRESS OTT ST-2P OH-721/09 — 01029 — 000 — **150.00 ITTLE NAME SIRRET ADDRESS OTT ST-2P OH-721/09 — 01029 — 000 — **150.00 Addition NAME SIRRET ADDRESS OTT ST-2P TITLE NAME SIR	City & State				City & State		100				
MARTINEZ, PETER R \$420 SW 7TH STREET MIAMI, FL 33134 E. The above named entity submits this statement for the purpose of changing its registered optice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$300.00 FILE NOWITI FEE IS \$300.00 10. OFFICERS AND DIRECTORS OTHER STATE OFFICERS AND DIRECTORS OTHER STATE OFFICERS AND DIRECTORS OTHER STATE OFFICERS AND DIRECTORS IN 11 INF. MARC MARTINEZ, PETER R 5420 SW 7TH STREET OTHER STATE ADDRESS OTHER ADDRESS OTH	Zip	Country			Zip Cour		itry	5. Certificate of Status Desired Fee Required			
Sireet Accidess (P.O. Box Number is Not Acceptable) City	Name and Address of Current Registered Agent						Name	7. Name and	Address of New Registered	Agent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	5420 SW 7TH STREET						Street Address (P.O. Box Number is Not Acceptable)				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR CONTROL OF DESCRIPTION OF DES											