

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 NOV -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000015119**

1. Corporation Name

ALL-N-ONE WIRELESS, INC.

Principal Place of Business

Mailing Address

~~8045 LAMB CT~~
~~JACKSONVILLE FL 32244~~

~~PO BOX 60812~~
~~JACKSONVILLE FL 32236~~



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

02/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3600778

Not Applicable

Zip

Country

Zip

Country

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
PSTD	WAY, SENITA M	8045 LAMB CT	JACKSONVILLE FL 32244

800024498198
11/07/03--01005--017 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~

Name

Senita M Way

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

8th 7579 103rd St.

Suite, Apt. #, Etc.

Suite 10

City

Jacksonville

State

FL

Zip Code

32210

CR2E040 (7/03)

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

Senita M Way
REGISTERED AGENT MUST SIGN

Date 10-28-03

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:

Senita M Way
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03
Date

904-771-7667
Daytime Phone #

10/28/03

Dear Florida Department of State

I Senita Way certify that

All-N-One Wireless, INC. Document # P02000015119

never received the two prior uniform business reports.

This could of occurred when the mailing address was changed and that the post office never forwarded this information. I have updated the mailing information and ask so kindly in advance that your company waive the reinstatement fee.

Thanks In Advance.

Senita Way