

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -3 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000052267**

**1. Corporation Name**

CELLULAR ART WHOLESALE, INC.  
3000 N.W. 82ND AVE  
Miami, FL 33122

**2. Principal Office Address**

7930 N.W. 36TH STREET

Suite, Apt. #, etc.

SUITE 22-295

City & State

MIAMI, FL

Zip

33166

Country

**3. Mailing Office Address**

7930 N.W. 36TH STREET

Suite, Apt. #, etc.

SUITE 22-295

City & State

MIAMI, FL

Zip

33166

Country

**REINSTATEMENT 2004**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

04-3664805

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

MIKKO HAMALAINEN

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

7930 N.W. 36TH STREET

Suite, Apt. #, Etc.

SUITE 22-295

City

MIAMI

State

FL

Zip Code

33166

**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

REGISTERED AGENT MUST SIGN

Date

10-28-04

**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	MIKKO HAMALAINEN	7930 NW 36 STREET STE. 22-295	MIAMI, FL 33166

900042450739  
11/03/04--01058--011 \*\*150.00

**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)(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:**

*Mikko Hamalainen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-04

Daytime Phone #

CR2001 (01/04)

2052

**CELLULAR ART WHOLESALE, INC.**  
3000 NW 82<sup>ND</sup> AVENUE  
MIAMI, FL 33122

October 27, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2004 Annual Report Form

To Whom It May Concern:

The 2004 annual report form for Cellular Art Wholesale, Inc. was not received before the filing deadline. Please accept the enclosed reinstatement form along with a check in the amount of \$150.00.

Sincerely,

  
\_\_\_\_\_  
Mikko Hamalainen as Director

Enclosures