

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000063807

1. Corporation Name

WIRELESS +, INC.

Principal Place of Business

14941 BRUCE B DOWN BLVD.
TAMPA FL 33613

Mailing Address

14941 BRUCE B DOWN BLVD.
TAMPA FL 33613

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/2002

5. FEI Number

01-0723360

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	ELQADAH, AHMED W	14941 BRUCE B DOWN BLVD	TAMPA FL 33613
DVT	SALAHAT, SALAH H	14941 BRUCE B DOWN BLVD	TAMPA FL 33613
			000024705730 11/14/03--01042--008 **150.00

8. Name and Address of Current Registered Agent

SALAHAT, SALAH H
14941 BRUCE B DOWN BLVD.
TAMPA FL 33613

9. Name and Address of New Registered Agent

Name

AHMED ELQADAH

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

14941 BRUCE B DOWN BLVD

Suite, Apt. #, Etc.

TAMPA,

City

TAMPA

State

FL

Zip Code

33613

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

813-977-8646

Daytime Phone #

CR2E040 (7/03)

WIRELESS +, INC.
14941 BRUCE B DOWN BLVD
TAMPA, FL 33613

November 12, 2003

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

Dear Sir/ Madam:

Please find attached the application for reinstatement along with a check for \$150.00 representing annual renewal fees for 2003. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. We only realized that the corporation has been administratively dissolved when we received your notice and realized the issue after our accountant explained it. We did not receive any correspondence from DOS before nor had we any knowledge about the requirement that the report should be renewed annually.

Please accept our check as a settlement for the reinstatement. As a small corporation, the reinstatement amount required will impose hardship on our operation.

If you have any question, please call me at (813) 977-8646

Your immediate attention will be greatly appreciated.

Sincerely,


Ahmed ELQadah
President