


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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03 OCT 31 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071026

1. Corporation Name

WORLDCELLULAR CORP.

2. Principal Office Address

2904 NW 72nd AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33122

Country

DADE

Zip

Country

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

06/24/2002

5. FEI Number

05-0553165

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

HERZ, AHMAD 'A

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

2904 NW 72nd AVE

Suite, Apt. #, Etc.

City

MIAMI

State

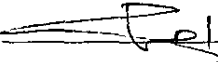
FL

Zip Code

33122

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 10/28/03

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
PD	AHMAD A. HERZ	2904 NW 72nd AVE	MIAMI, FL 33122
VP	JORGE A. SOTOLONGO	2351 SW 180th AVE.	MIRAMAR, FL 33029

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/28/03

Daytime Phone #

CR2081 (10/02)