

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 19 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02060074717**

1. Corporation Name

Wireless Online Services, Inc.

2. Principal Office Address

2502 Second St., #104

Suite, Apt. #, etc.

City & State

Ft. Myers, FL 33901

Zip

33901

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7/8/2002

5. FEI Number

11-3643086

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

John F. Hooley, Esquire

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

700 Eleventh St. So., Suite 202

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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

John F. Hooley

REGISTERED AGENT MUST SIGN

Date **9-9-03**

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	George Papapostolou	2502 Second St., #104	Ft. Myers 33901
VD	Brian Kennedy	2502 Second St., #104	Ft. Myers 33901
SD	Nikos Chintakis	2502 Second St., #104	Ft. Myers 33901
TD	Larry Coapman	2502 Second St., #104	Ft. Myers 33901

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

John F. Hooley

Date

9-9-03 239-450-7400

Daytime Phone #