PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | FILED. |
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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 702000 114815 1. Corporation Name Cleasly Wiseless, Inc. | | TALLAHASSER, HEUNIDA |
| 1. Corporation Name | | |
| Cleasey Wise | cless, LMC. | |
| 2. Principal Office Address | 3. Mailing Office Address | REINSTATEMENT 03 |
| 3013 Yamafo Rd Suite, Apr. #, etc. | Suite, Apt. #, etc. | ILINO IF E E SVILLE |
| #B19 | | 4. Date Incorporated or Qualified To Do Business in Florida 10-23-02 |
| Buca Ratin M. | City | 5. FEI Number Papplied For |
| zip 33434 Country 5A | Zip Country | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| | 7. Name and Address of Current Regist | ered Agent |
| Name Mchael Blum Street Address (P.O. Box Number is Not Acceptable) Lygi Wind Field Blud 10/20/0301006008 **150 00 | | |
| Suite, Apt. #, Etc. | | |
| City Buca Rate | 1 | State Zip Code FL 33434 |
| Signature of Registered Agent | ove named corporation, am familiar with and accept the , EGISTERED AGENT MUST SIGN | Obligations of section 607.0505 or 617.0503, F.S. Date |
| | d/or Director (Florida nonprofit corporations must list at | least 3 directors) |
| Titles Name of Officers and/or Directors | Street Address of Ea Officer and/or Direct | |
| P Michael Blum | 4491 Woodfield 2 | Blud Buca Raden 12 33-134 |
| D Andrea Blum | 4491 Waxdfield A | Hud Buca Radan 72 33434 |
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| 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 Daytime Phone # | | |

Clearly Wireless, Inc. 3013 Yamato Road-B19 Boca Raton, FL 33434 (561) 994-1199 (561)995-9624-Fax

November 18, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

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RE: Doc#P02000114815

To Whom It May Concern:

Enclosed please find a letter verifying that you have received a check for \$150. I have also enclosed a copy of a reinstatement form that was sent back. It had a letter attached stating that the fee was not paid due to never receiving a form for this corporation. We have other corporations which we received a form for and paid, but not for Clearly Wireless, Inc.

Please accept this correspondence as a confirmation that no UBR was ever received for Clearly Wireless, Inc.

Please re-instate this corporation as soon as possible.

Should you have any questions, please feel free to contact me.

Sincerely,

Michael Blum

Owner

Enclosures