

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 # **P03000006065**

1. Corporation Name

**WIRELESS CONNEXTIONS & COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

673 LOCKWOOD LANE  
JACKSONVILLE FL 32259

673 LOCKWOOD LANE  
JACKSONVILLE FL 32259

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

2. New Principal Office Address, If Applicable  
**2612 N. FEDERAL HWY.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE FL**

City & State

Zip  
**33306**

Country  
**USA**

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/23/2002**

5. FEI Number

**47-0904803**

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
PSD	SCOTT, DAVID R	673 LOCKWOOD LANE	JACKSONVILLE FL 32259

8. Name and Address of Current Registered Agent

**SLOTKIN, ROBERT J**  
**2101 NORTH ANDREWS AVENUE**  
**#400**  
**FORT LAUDERDALE FL 33311**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**12/22/03**

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

**12/22/03**

Daytime Phone #

**954-564-0052**

CR2E040 (7/03)

# Wireless CONNECTIONS

December 22, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom it Concerns,

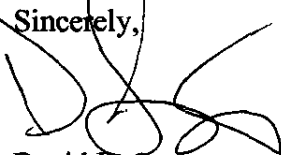
I am writing to inform you that I did not receive the two (2) prior UBR's form the Division of Corporations. I moved my business in January of 2003 from Jacksonville and my registered agent was asked to file for a change of address to the current business address in Ft. Lauderdale.

I received this dissolution notice only when I visited my old address in Jacksonville last Thursday afternoon and they had mail for me, in which was the dissolution notice.

I am enclosing the \$150 UBR filing fee as noted in the 'Important Facts' section of the dissolution notice. If there are any questions with this application, please contact me at the address and/or phone number listed on this letterhead as well as on my Application for Reinstatement.

Thank you for your attention in this matter.

Sincerely,



David R. Scott  
President

2612 N. Federal Highway  
Ft. Lauderdale, FL 33306  
954.564.0052 Office  
954.564.0535 Fax