

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000008795

FILED  
Nov 29, 2004  
Secretary of State

Entity Name: ACME WIRELESS COMPANY

**Current Principal Place of Business:**

4540 US 1 NORTH  
SUITE 2  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

201 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

4540 US HIGHWAY 1 NORTH  
SUITE 3  
ST. AUGUSTINE, FL 32095 US

**New Mailing Address:**

4540 US HIGHWAY 1 NORTH  
SUITE 3  
ST. AUGUSTINE, FL 32095 US

FEI Number: 57-1146256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUFF, ANGELIQUE C  
201 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

HUFF, ANGELIQUE C  
365 LOLLY LANE  
JACKSONVILLE, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELIQUE C HUFF      11/29/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUFF, ANGELIQUE C  
Address: 4540 US 1 NORTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP ( ) Delete  
Name: WELLS, KIMBERLY A  
Address: 4540 US 1 NORTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HUFF, ANGELIQUE C  
Address: 365 LOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP (X) Change ( ) Addition  
Name: WELLS, KIMBERLY A  
Address: 365 LOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIQUE C HUFF      P      11/29/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date