

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

| | |
|--------------------------------------|-----------------------------|
| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE |
| | Jim Smith |
| | Secretary of State |
| | DIVISION OF CORPORATIONS |

FILED

04 NOV 16 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000026289

1. Corporation Name

CELL SOLUTIONS INC

2. Principal Office Address

9401 W COLONIAL DR

Suite, Apt. #, etc.

City & State

OCOE, FL

Zip

34751

Country

ORANGE

3. Mailing Office Address

5250 INTERNATIONAL DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1656272

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

OMAR ZAID QASEM

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

9401 W COLONIAL DR

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34751

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/3/2004

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 / Street / Zip |
|--------|--------------------------------------|---|---------------------|
| CEO | OMAR ZAID QASEM | 9401 W COLONIAL DR | OCOE, FL. 34751 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[Handwritten initials]

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11/17/04--01061--001 **158.75

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2004

Date

Daytime Phone #

TO WHOM IT MAY CONCERN:

I OMAR QASEM THE OWNER OF "FAST CONNECT INC."& CELL SOLUTIONS INC. DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR MY BUSINESS. THIS IS THE REASON FOR ME NOT PAYING MY BILL TO THIS ORGANIZATION ON TIME. BUT TO DAY I'M WILLING AND READY TO HANDLE MY OUT STANDING BALANCE WITH YOUR COMPANY, SO THAT I CAN REINSTATE MY CORPORATION AND THEN RESTORE MY GOOD FAITH WITH THE DIVISION OF CORPORATIONS.

IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CALL.

THANK YOU

OMAR QASEM