

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096518

1. Corporation Name

CF CELLULAR INC.

2. Principal Office Address

220 71 STREET

Suite, Apt. #, etc.

212

City & State

MIAMI BEACH

Zip

FL

Country

33141

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0196692

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

MANUEL FERNANDEZ

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

220 71 STREET

Suite, Apt. #, Etc.

212

City

MIAMI BEACH

State

FL

Zip Code

33141

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]*

Date 11/15/04

REGISTERED AGENT MUST SIGN

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
P	MANUEL FERNANDEZ	220 71 STREET	MIAMI BEACH FL 33141

000042981698  
11/19/04--01049--012 \*\*150.00

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

Date

11/15/04

Daytime Phone #

CR2E081 (01/04)

NATP MEMBER

***MFR & Associates***

ACCOUNTANTS & CONSULTANTS

AICPA MEMBER

2 of 2

220 71ST STREET SUITE 212  
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706  
FACSIMILE: (305) 864-7960

November 15, 2004

FL Dept. of State  
Fl. Div. Of Corp.

RE: CF CELLULARS INC  
Doc # P03000096518

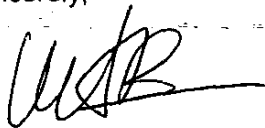
Dear Sir or Madam:

I am writing to you on behalf of CF CELLULARS INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2003, we obtained from the internet and a check for \$150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez  
Tax Advisor