

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000103524

1. Corporation Name

INTEGRATED WIRELESS INTERNATIONAL, INC.

2. Principal Office Address

205 E. CENTRAL BLVD.

Suite, Apt. #, etc.

SUITE #205

City & State

ORLANDO, FLORIDA

Zip

32801-1702

Country

USA

3. Mailing Office Address

302 BLACKWATER PLACE

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

Zip

32750

Country

USA

FILED

06 APR 17 PM 1:00

SECRET
FALL

100073777721
05/03/06--01005--004 **960.75

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/03

5. FEI Number

20-0237719

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

DONALD R. PETERSON

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

302 BLACKWATER PLACE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u>	<u>DONALD R. PETERSON</u>	<u>302 BLACKWATER PLACE</u>	<u>LONGWOOD FL. 32750</u>
<u>CFO</u>	<u>DENNIS L. BERQUIST</u>	<u>205 E. CENTRAL BLVD.</u> <u>SUITE #205</u>	<u>ORLANDO, FL. 32801-1702</u>

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 contained in Chapter 119, 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:

Donald R. Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

407-383-2812

Daytime Phone #