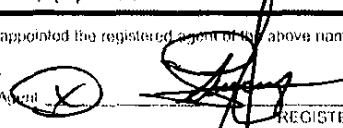
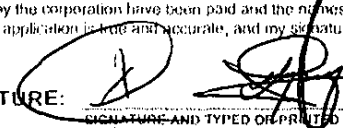


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 12:18

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000106583			
1. Corporation Name Cel United, INC. 12315 SW 151 Street # D-209 Miami, FL 33175			
2. Principal Office Address - No P.O. Box # 12315 SW 151 ST. Suite, Apt. #, etc. D-209 City & State Miami, FL Zip 33175 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
7. Name and Address of Current Registered Agent Name Luis Suarez Street Address (P.O. Box Number is Not Acceptable) 12315 SW 151 Street Suite, Apt. #, Etc. D-209 City Miami State FL Zip Code 33175		4. Date Incorporated or Qualified To Do Business in Florida 07-19-04 5. FEI Number SI-0518855 ☐ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status ☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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  Date 04-20-08 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
D	Luis Suarez	12315 SW 151 ST. # D-209	Miami, FL 33175
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: 		04/20/08 (305) 261-3467 Date Daytime Phone #	

CR2E081 (12/07)

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