

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000133908

1. Entity Name
C WIRELESS VIDEO, INC.



FILED
05 NOV 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**703 SW 17TH AVE
MIAMI, FL 33135**

Mailing Address
**703 SW 17TH AVE
MIAMI, FL 33135**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



10262005 REIN-P CR2E098 (6/04)

4. FEI Number
20-1669022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRAVIE, JOSE O
703 SW 17TH AVE
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVIE, JOSE O 703 SW 17TH AVE MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **04/20/05** **305-649-5266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 17 2005

C WIRELESS VIDEO, INC.
703 SW 17th AVE
MIAMI, FL 33135

October 14, 2005

Florida Department of State
Division of Corporations
Tallahassee, Florida

REF: Dissolution for Annual Report

Dear Sir (Madam):

I have just received a notification card about an administrative dissolution for Annual Report. Enclosed, please find copy of the 2005 Annual Report and check #95 dated April 20, 2005.

Both, the report and check were mailed to your Department on April 21. This check has been outstanding in the monthly bank reconciliation since it was mailed to you; however, your Department never let me know that the report and payment had not been received.

If you cannot find the original check with this information, please use the replacement check enclosed. If you need more information, just let me know.

Sincerely,



Jose Gravie
President