

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04000160803**

1. Corporation Name

Southern Wireless Systems, Inc.

2. Principal Office Address - No P.O. Box #

13 W. Coconut Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Office Address

P.O. Box 210101

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33421

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Kenneth A. Wilt

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

13 W. Coconut Drive

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

*Kenneth A. Wilt RA.*

REGISTERED AGENT MUST SIGN

Date 10-30-2008

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,S,T	Kenneth A. Wilt	P.O. Box 210101	West Palm Beach, FL 33421

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:

*Kenneth A. Wilt*

Kenneth A. Wilt P,S,T

10-30-2008

561-951-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 26 PM 2:34

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

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11/26/08--01029--002 \*\*458.75

REINSTATEMENT

CR2E081 (10/08)

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