

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000002956

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** CELLULAR MANAGEMENT CORP.

**Current Principal Place of Business:**

4031 GULF SHORE BLVD. NORTH, UNIT P2C  
NAPLES, FL 34103

**New Principal Place of Business:**

4031 GULF SHORE BLVD. NORTH,  
UNIT P2C  
NAPLES, FL 34103

**Current Mailing Address:**

4031 GULF SHORE BLVD. NORTH, UNIT P2C  
NAPLES, FL 34103

**New Mailing Address:**

4031 GULF SHORE BLVD. NORTH,  
UNIT P2C  
NAPLES, FL 34103

**FEI Number:** 95-4467087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCUS WATANABE, SYNDER AND DAVE  
1901 AVE OF THE STARS  
SUITE 300  
LA, FL 90067 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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.

**SIGNATURE:** MICHAEL MIRRIONE, ASST. SECRETARY

02/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** ROLFE, JOHN D  
**Address:** 4031 GULF SHORE BLVD. NORTH, UNIT P2C  
**City-St-Zip:** NAPLES, FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN D. ROLFE

PSTD

02/28/2011

Electronic Signature of Signing Officer or Director

Date