

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 FEB 13 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000004387

1. Corporation Name

CFS Cellular Inc

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

481 sw 147th ter

Suite, Apt. #, etc.

City & State

pembroke pines

Zip

33027

Country

USA

3. Mailing Office Address

2533 sw 162 ave

Suite, Apt. #, etc.

City & State

miramar

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/2005

5. FEI Number  
20-2190546

☐ 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

Ronnie Rama-Davis

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

481 sw 147th ter

Suite, Apt. #, Etc.

City

Pembroke pines

State

FL

Zip Code

33027

☐ 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

*Ronnie Rama-Davis*

Date 02/11/08

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
CEO	Ronnie Rama-Davis	481 sw 147th ter	Pembroke pines/fl/33027
VP	Mackie Pajotte	2533 sw 162 ave	Miramar/fl/33027

000117963980  
02/13/08--01028--021 \*\*1050.00

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:

*Ronnie Rama-Davis*

Ronnie Rama-Davis 02/11/08

305-336-5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #