

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN.14 P 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000013216

1. Corporation Name

BUCKWILD WIRELESS, INC.

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

11401 PINES BLVD

3. Mailing Office Address

4813 SW 118TH TERR.

Suite, Apt. #, etc.

suite # 5513

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

COOPER CITY, FL

Zip

33026

Country

USA

Zip

33330

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/2005

5. FEI Number
202230847

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

STEVEN FRANK BROWN

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

4813 SW 118TH TERR.

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33330

600181986266
06/11/10--01029--002 **1208.75

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

REGISTERED AGENT MUST SIGN

Date **JUNE 8, 2010**

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	STEVEN FRANK BROWN	4813 SW 118TH TERR.	COOPER CITY/FL/33330

REINSTATEMENT
07-10
AK

10. E-mail Address: **TRAVELER4072001@YAHOO.COM**

(To be used for future annual report notification)

11. 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. I further certify 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:

JUNE 8, 2010 (954)257-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #