

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000037078

1. Corporation Name

Cellworks International Inc

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

3277 Heirloom Rose Pl

Suite, Apt. #, etc.

City & State

Oviedo

Zip

32766

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

10/10/08 01041 007 \$450.00
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 3-10-2005

5. FEI Number
26-3424297

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
Jose Collado

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

3277 Heirloom Rose Pl

Suite, Apt. #, Etc.

City
Oviedo

State
FL

Zip Code
32766

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

Jose Collado
REGISTERED AGENT MUST SIGN

Date 10-13-08

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	Jose Collado	3277 Heirloom Rose Pl	Oviedo, FL 32766
VP	Augusto Urena Jr.	606 Cascading Creek Lane	Winter Garden, FL 34787

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:

Jose Collado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-08

Date

407-937-9090

Daytime Phone #

10/21