

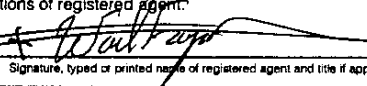
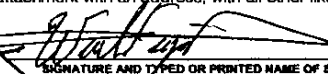


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043302 1. Entity Name FAYADCO WIRELESS, INC.				05 OCT 19 PM 3:42	
Principal Place of Business 14135 NW 7TH AVENUE NORTH MIAMI, FL 33168		Mailing Address 14135 NW 7TH AVENUE NORTH MIAMI, FL 33168			
2. Principal Place of Business 1419 B Washington Ave		3. Mailing Address 1419 B Washington Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Beach FL		City & State Miami Beach FL			
Zip 33139		Country USA		4. FFL Number 20-2552427	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CABALLERO, LIUSIS 9935 NW 46TH STREET #201 DORAL, FL 33178			7. Name and Address of New Registered Agent Name: Wael Fayad Street Address (P.O. Box Number is Not Acceptable): 1419 B Washington Ave City: Miami Beach FL Zip Code: 33139		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: 10/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAYAD, WAEI 9935 NW 46TH STREET # 201 DORAL, FL 33178	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081030727 10/19/06--01043--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABALLERO, LIUSIS 9935 NW 46TH STREET # 201 DORAL, FL 33178	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 10/17/06 DAYTIME PHONE: (305) 8980027 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					