-2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 29 PM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05000112818

1. Entity Name
CELL GPS TELECOMMUNICATIONS INC

Principal Place of Business	Mailing Address
11604 NW 29TH COURT #CS CORAL SPRINGS, FL 33065 US	11604 NW 29TH COURT #CS CORAL SPRINGS, FL 33065 US

11202006 REIN-P CR2E098 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARES, ABDEL R
11604 NW 29TH COURT #CS
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARES, ABDEL R 11604 NW 29TH COURT CORAL SPRINGS, FL 33065	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 000082132900 11/29/06--01011--019 **150.00
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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: [signature] Abdel r FARES 11-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams NOV 29 2006