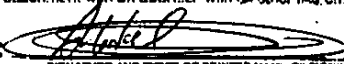


-2006 FOR PROFIT CORPORATION REINSTATEMENT

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 11604 NW 29TH COURT #1 C5 CORAL SPRINGS, FL 33065 US			Mailing Address 11604 NW 29TH COURT #1 C5 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 11202006 REIN-P CR2E098 (11/05)	
City & State		City & State		☒ Applicable For ☐ Not Applicable	
Zip	Country	Zip	Country	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 #1 C5 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 signer hereby certifies this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signatures required when reinstating)) DATE _____					
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 P NAME FARES, ABDEL R STREET ADDRESS 11604 NW 29TH COURT CITY-STATE-ZIP CORAL SPRINGS, FL 33065	☐ Delete		TITLE 000082132900 NAME 11/29/06--01011--019 **150.00 STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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. 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 filing empowered.					
SIGNATURE: 			Abdel R. FARES 11-21-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

NOV 29 2006