

(PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 MAY 15 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POS000116049

1. Corporation Name

Cellphones 4less, Inc

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

407 Plaza Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

407 Plaza Dr

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Eustis, FL

Zip

32726

Country

USA

Zip

32726

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2005

5. FEI Number

59-3826974

☐ 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

Vincent Napoli III

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

1134 E. 10th Ave

Suite, Apt. #, Etc.

City

Mt Dora

State

FL

Zip Code

32757

05/10/12--01029--016 \*\*158.75

400223962424  
03/06/12--01029--026 \*\*750.00

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

Vincent Napoli III  
REGISTERED AGENT MUST SIGN

Date 05/05/12

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	Vincent Napoli III	1134 E 10th Ave	Mt Dora, FL 32757

MAY 15 2012

REINSTATEMENT

T. SCOTT

11-12

10. E-mail Address: cellphone4less@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Vincent Napoli III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/05/12

Daytime Phone #