

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC -2 AM 11:41

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000123866

1. Corporation Name

A SHELLULAR CORP

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

484 US #1

3. Mailing Office Address

484 US #1

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

SEBASTIAN, FL

City & State

SEBASTIAN, FL

Zip

32958

Country

USA

Zip

32958

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-1-10

5. FEI Number

20-3426531

Applied For

Not Applicable

6. NO CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SABRA SHELL

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

484 US #1

Suite, Apt. #, Etc.

A

City

SEBASTIAN

State

FL

Zip Code

32958

500188305425  
12/02/10--01017--015 \*\*1350.00

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

Sabra Shell

Date Dec 1, 2010

REGISTERED AGENT MUST SIGN

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
PRES	SABRA SHELL	484 US #1	SEBASTIAN FL 32958

10. E-mail Address: SEBASTIANCELLULAR @ 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., 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.

SIGNATURE:

Sabra Shell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-10 712-388-2516

Date

Daytime Phone #