

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000068414

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** CELL-PHONE DOCTORS INC.

**Current Principal Place of Business:**

3510 SOUTH DALE MABRY  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3510 SOUTH DALE MABRY  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 26-0333744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

ZARIFFA, TONEY OWNER  
3510 S DALEMABRY  
TAMPA, FL 33629 US

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.

SIGNATURE: ZARIFFA TONEY

01/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TONEY, ZARIFFA  
Address: 3510 SOUTH DALE MABRY  
City-St-Zip: TAMPA, FL 33629

Title: VD (X) Delete  
Name: TONEY, PATRICK E  
Address: 3510 SOUTH DALE MABRY  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZARIFFA TONEY

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date