

**2009 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P07000069489

1. Entity Name
SPHERE WIRELESS INC.



Principal Place of Business
3501 NW 38 AVE.
FT. LAUDERDALE, FL 33309

Mailing Address

3501 NW 38 AVE.
FT. LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052009 REIN-P CR2E098 (1/07)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAINVIL, WILEME
3501 NW 38 AVE.
FT. LAUDERDALE, FL 33309

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-17-09

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SAINVIL, WILEME
STREET ADDRESS 3501 NW 38 AVE.
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

900159806689
08/21/09--01032--003 **300.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

REINSTATEMENT
RH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-9 754-729-5282

Date

Daytime Phone #