2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000098413

Entity Name: SUNCOAST CELLULAR SH, INC.

FILED Oct 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8570 FOREST OAKS BLVD 5480 SPRING HILL DRIVE SPRING HILL, FL 34606 SPRING HILL, FL 34606

Current Mailing Address: New Mailing Address:

8570 FOREST OAKS BLVD 5480 SPRING HILL DRIVE SPRING HILL, FL 34606 SPRING HILL, FL 34606

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

BURNS, JON

8570 FOREST OAKS BLVD

SPRING HILL, FL 34606 US

SUNCOAST CELLULAR USA, INC.
754 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250 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: RONALD PELLETIER 10/19/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: BURNS, JON MARTIN, THERESE MS. Name: Name: 8570 FOREST OAKS BLVD Address: 5480 SPRING HILL DRIVE Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: SPRING HILL, FL 34606

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 MOORE, CHARLENE MS.

 Address:
 Address:
 5480 SPRING HILL DRIVE

 City-St-Zip:
 City-St-Zip:
 SPRING HILL, FL 34606

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: THERESE MARTIN P 10/19/2009