

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027221

1. Corporation Name
Florida Cellular Enterprises, Inc.

2. Principal Office Address
1314 E Las Olas Blvd
Suite, Apt. #, etc.
Suite 200
City & State
Ft. Lauderdale, FL
Zip
33301
Country
Broward

3. Mailing Office Address
1314 E. Las Olas Blvd.
Suite, Apt. #, etc.
Suite 200
City & State
Ft. Lauderdale, FL
Zip
33301
Country
Broward

FILED
00 AUG 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 4/12/93

5. FEI Number 65-0403291
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 Joseph J. Garrahan

Street Address (P.O. Box Number is Not Acceptable) 1314 E Las Olas Blvd.

Suite, Apt. #, Etc. Suite 200

City Ft. Lauderdale

State FL Zip Code 33301

3000003385903-1
-09/08/00--01001--027
****300.00 ****300.00

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 *Joseph J. Garrahan* Date 7/24/00

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
Secy	Pres. Joseph Garrahan	1314 E. Las Olas Blvd	Ft. Lauderdale, FL 33301
			LS

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Joseph J. Garrahan* Date 7/24/00 Daytime Phone # 954-415-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Garrahan

CR2E081 (9/99)

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7/24/80

To Whom It May Concern:

As per my telephone conversation, we are asking for reinstatement. We have moved several times and did not receive the forms in the mail.

I am enclosing a check for \$300.00 as I was told to do.

Thank you for your help.
Sincerely,

Joseph John Garrehan