

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -4 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000008342420--0
-10/11/02--01084--030
***1650.00 ***1650.00

REINSTATEMENT 9602

DOCUMENT # P95000002533

1. Corporation Name

CELLULAR DESIGNS UNLIMITED, INC.

2. Principal Office Address

1605 Main Street

Suite, Apt. #, etc.

Suite 1001

City & State

Sarasota, Florida

Zip

34236

Country

3. Mailing Office Address

1605 Main Street

Suite, Apt. #, etc.

Suite 1001

City & State

Sarasota, Florida

Zip

34236

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1994

5. FEI Number

65-0549139

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

Stanley A. Goldsmith

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

1605 Main Street

Suite, Apt. #, Etc.

Suite 1001

City

Sarasota

State

FL

Zip Code

34236

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

Stanley A. Goldsmith

REGISTERED AGENT MUST SIGN

Date

10/3/02

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
DPST	Raymond Hynes	1605 Main St., Suite 1001	Sarasota, FL 34236

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:

Raymond Hynes Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/02
Date

941/955-4990

Daytime Phone # *HW*