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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | 99 JUL 26 PM 4:48 STATE OF FLORIDA | |
|---|--|--|-----------------------|---|--|
| DOCUMENT # <u>P9500000 5148</u> | | | | | |
| 1. Corporation Name <u>All in One Cellular, Inc.</u> | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| <u>4865 NW 36 St</u> <u>Miami FL 33166</u> | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida <u>01/24/95</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number <u>65-0548205</u> | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Zip | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Add fee of fee required for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip | | |
| <u>P</u> | <u>Jimenez Giovanna</u> <u>4865 NW 36 St</u> <u>Miami FL 33166</u> | <u>PD</u> | | | |
| <u>VP</u> | <u>Collante Roxana</u> <u>4865 NW 36 St</u> <u>Miami FL 33166</u> | | | | |
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| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | | | |
| <u>ROXANA COLLANTE</u> <u>4865 N.W. 36 ST</u> <u>MIAMI FL 33166</u> | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | Suite, Apt. #, Etc. | | | |
| | | City | | | |
| | | State <u>FL</u> Zip Code | | | |
| 10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | | | | |
| Signature of Registered Agent <u>Roxana Collante</u> | | REGISTERED AGENT MUST SIGN | | Date <u>7/22/99</u> | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. 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: <u>Roxana Collante</u> | | Date <u>7/22/99</u> (805) 883-6020 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | | |

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

ALL-IN-ONE CELLULAR, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$1,058.75 |