

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031398

1. Corporation Name

GLOBAL WIRELESS COMMUNICATIONS PRODUCTS, CORP.

98 JAN 15 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

911 SCOTT DRIVE
MARCO ISLAND FL 33937

Mailing Address

911 SCOTT DRIVE
MARCO ISLAND FL 33937



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

601 Elkcam Circle

Suite, Apt. #, etc.

A-2

City & State

Marco Island, FL

Zip

34145

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1995

5. FEI Number

65-0576432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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
P	SULLIVAN, SANDRA C	270 LAMPLIGHTER	MARCO ISLAND FL
			7000002403327--9 -01/16/98--01081--005 ****300.00 ****300.00

REINSTATEMENT 97-98

G. Alan

Jan. 15, 1998

8. Name and Address of Current Registered Agent

REGNIER, EDWARD
4271 LAGO WAY
SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name

Jerry Cohen

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

911 Scott Drive

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

Edward Regnier

REGISTERED AGENT MUST SIGN

Date 11/26/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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:

Sandra C. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/97 941 642 2083

CR2E040 (9/97)