PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 SEP 13 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076988

1. Corporation Name
ELECTRONIC WIRELESS CORP.

2. Principal Office Address	**3.** Mailing Office Address
5748 NW 199Street	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Florida 3301	
City & State	City & State
Miami, Florida	
Zip / Country	Zip / Country
33015 / USA	
Miami-Dade	

4. Date Incorporated or Qualified To Do Business in Florida 09/05/1997

5. FEI Number 65-0780484 ☐ 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: ELISEA PESANTES

Street Address (P.O. Box Number is Not Acceptable): 5748 NW 199 Street

000007809810--0
-09/17/02--01065--018
****300.00 ****300.00

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33015

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: Elisea Pesantes — REGISTERED AGENT MUST SIGN — Date: 9/12/02

CR2E061 (9/00)

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
Pres.	ELISEA PESANTES	5748 NW 199th Street	Miami, FL 33015

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: Elisea Pesantes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 9/12/02 — Daytime Phone #

TOTAL P.02 JS 9/16/02