| DI FACE DEAD  | ALL INOTOLICTIONS   |   | <b>NADI ET</b> II                 |   | ( -  |
|---|---|---|-----------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT   | ALL INSTRUCTIONS FLORIDA DEPARTMEN Katherine Ha Secretary of S                    | IT OF STATE   |                                   | FILED                                     |  |
|   | DIVISION OF CORPOR  | ATIONS  | <b>99 00</b> 1                    | T 19 AIIII: 54                            |  |
| DOCUMENT # P97000   | 104049  |   | SSC.                              | GARAGE STATE                              |  |
| GOLDEN CELLULAR, INC.   |   |   | I ICL.                            | To device with the Strawn                 |  |
| Principal Place of Business   | Mailing Address   |   |                                   |   |  |
| 3300 N.E. 192ND STREET<br>#1807   | 3300 N.E. 192ND STBEET  | <b>S</b>  |                                   |   |  |
| AVENTURA FL 33180   | AVENTURA FL 33180   |   | <b>100:101:4</b>                  | יופרו וופס וופסו ווופר ווופס וופס וופס וו | FALL BORALLY OLIVASION PROLIT REPORT               |
| If above addresses are incorrect in any way, line throws 2. New Principal Office Address, If Applicable   | ugh incorrect information and enter of  |   | 4 Date Income                     | rated or Qualified                        |  |
| 19 333 COLLINS AVE Suite, Apt. #, etc   | 19333 COLLIN<br>Sulte, Apt. #, etc.   | BASE  | To Do Busin                       | ess in Florida                            | 11997  |
| F 22 05<br>City & State   | # 2205<br>City & State  |   | 5, FEI Number                     | NOT APPLICABLE                            | Applied For<br>Not Applicable                      |
| SUNDY ISCES, FL Country   | Zip Country   |   | 6.<br>CERTIFICATE                 | \$8.75                                    | idditional Fire required.<br>Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/  | 33160 corpora   | lons must list at least   |                                   | 10.3                                      | Certificate of Status                              |
| Title(s) Name of Officers and/or Directors 2  |   | et Address of Each<br>cer and/or Director   |                                   | City / State                              | / Zip  |
| D FARCA, JOSE   | 3300 NE 101 ST,   | #305  |                                   | AVENTURA FL 33180                         |  |
| D KANAN, JACOBO   | 9000 NE 191 ST,   | #405  |                                   | AVENTURA FL 33180                         |  |
| D FARCA ESQUENAR  | 1 JOSE 19333  | collius A   | HUE TES                           | sunny Isles                               | , FL 33160   |
|   |   |   | a                                 | 000030463<br>-11/16/99-0<br>****150.00    | 3301<br>1 <del>095-015</del><br>****150.00         |
| 8. Name and Address of Current I  | Registered Agent  | Name  | 9. Name and A                     | ddress of New Registered Age              |  |
| FARCA, JOSE 3300 NE 191 STREET #305   |   | Name FABCA ESQUENAZI JOSE Street Address (P.O. Box Number is Not Acceptable) 19.333 COULINS ADE Suite, Apt. #, Etc. |                                   |   |  |
| AVENTURA FL 33180   |   | SUNNY   | 1510                              | S  FL                                     | 33160<br>33160                                     |
| 10. I, being appointed the registered agent of the abo<br>Signature of<br>Registered Agent  | 4   | in and accept the obli  | gations of Section                | Date 10/14/99                             |  |
| I. I certify that I am an officer or director or the receive this reinstatement application, the reason for discowed by the corporation have been paid and the non this application is true and accurate, and my significant. | lution has been eliminated, the corpo-<br>names of individuals listed on this for | rate name satisfies th<br>n do not qualify for an   | e requirements<br>e exemption und | of section 607.0401 or 617.0401           | , F.S., that all fees                              |
| SIGNATURE: SIGNATURE AND TYPE OF PRI  | VIED NAME OF BIGNING OFFICER OR D   | FARCA   | ٤                                 | 10/14/99 305                              | 7-6576100  |



## **GOLDEN CELLULAR INC**

19333 COLLINS AVE # 2205 SUNNY ISLES FL. 33160

Phone 305-651-61-00 Fax 305-651-61-20

October 14, 1999

STATE OF FLORIDA DEPARTMENT OF STATE KATHERINE HARRIS

## Dear Katherine,

I am sending this letter whit the application for reinstatement and a check for \$150.00 which is the regular fees because i spoke by phone with some person at 850-4876059 and i inform that i send a letter in the first month of the year 1999 requesting the change of my address and i never recieve the bill and the annual report form and she told me that i have to send the regular fee and this letter with the application for reinstatement with the new address.

I apreciate the attention to this letter and i apologise for my english.

for any questions call me at 305-651-6100

Sincerely,

JOSE FARCA ESQUENAZI