

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -7 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009357**

1. Corporation Name

WAREHOUSE CELLULAR, INC.

Principal Place of Business

4811 NWN 79TH AVENUE
SUITE 2
MIAMI FL 33166

Mailing Address

4811 NWN 79TH AVENUE
SUITE 2
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT



7/8/99 90023039 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1998

5. FEI Number

65-0839693

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	4 City / State / Zip
DST S/T	MENDIBLE, NAYBELI	AV LONDRES, OTA MERCEDES, CALIFORNIA 9351 FOUNTAIN BLVD. B-420	CARACAS, VENEZUELA MIAMI, FL 33166
P	YAMIN, ROBERTO REPRESENTING TELEFONOS BODYSTAR CELLULAR	AV CIRCUNVALACION DEL SOL, CENTRO EMPRESARIAL EL SOL, STA PAULA	NIVEL GALERIA STA PAULA VENEZ CARACAS, VENEZUELA
D	YAMIN, ANTONIO	AV CIRCUNVALACION DEL SOL, CENTRO	NIVEL GALERIA STA PAULA VENEZ
D	YAMIN, HENRY	AV CIRCUNVALACION DEL SOL, CENTRO	NIVEL GALERIA STA PAULA VENEZ
D	YAMIN, RAQUEL	AV CIRCUNVALACION DEL SOL, CENTRO	NIVEL GALERIA STA PAULA VENEZ
V	MARTINEZ, GUSTAVO	14361 S.W. 157 STREET	MIAMI, FL 33177

8. Name and Address of Current Registered Agent

MENDIBLE, NAYBELI
5345 SW 140TH PL
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name
MARTINEZ, GUSTAVO
Street Address (P.O. Box Number is Not Acceptable)
14361 S.W. 157 STREET
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33177

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

REGISTERED AGENT MUST SIGN

Date 11-8-99

11. 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:

NAYBELI MENDIBLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/99
Date

(305) 205-2344
Daytime Phone #

CR2040 (8/99)