

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000009357</b>	
1. Entity Name <b>WAREHOUSE CELLULAR, INC.</b>	



**FILED**  
04 NOV 18 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 04  
11/17/04 THE IN-PS 098 (6/04)  
DAI PER Number  
**65-0839693**

Principal Place of Business <b>C/O FLAMINGO BROKER 6701 N.W. 84TH AVENUE MIAMI, FL</b>		Mailing Address <b>C/O FLAMINGO BROKER 6701 N.W. 84TH AVENUE MIAMI, FL</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>DIAZ, NELSON 3501 SW 107 AVE MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name <b>Roberto Yamin</b> Street Address (P.O. Box Number is Not Acceptable) <b>6701 NW 84th Ave.</b> City <b>Miami</b> FL Zip Code <b>33166</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **11/17/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LUGO, DEYAMIRA 6540 NW 114 ST #1407 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>847 SW 154 Court Miami, FLA 33194</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD YAMIN, ROBERTO AV CIRCUNVALACION DEL SOL, CENTRO COMERCIAL EMPRESARIAL EL SOL STA PAULA, CARACAS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400043301694</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12/09/04--01034--005 **\$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **11/17/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #