PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 OCT -5 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000045127

1. Corporation Name
INCALL CELLULAR, INC.

Principal Place of Business
2766 N. UNIVERSITY DR
SUNRISE, FL 33322

Mailing Address
10100 W. SAMPLE RD. STE 404
CORAL SPRINGS, FL 33065

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 1999

4. Date Incorporated or Qualified To Do Business in Florida: 5 | 19 | 98

5. FEI Number: 52-2099538 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s)) 3	City / State / Zip 4
PRES.	THOMAS L. ARNOLD	6232 NW 120TH TR.	CORAL SPRINGS, FL 33065
SECRETARY	PHILIPPE TYII	4321 GALESBURY LN	CHANTILLY VA 20151

600003018816--7
-10/19/99--01081--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 E. 6th AVE.
TALLAHASSEE, FL 32303

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: [signature] REGISTERED AGENT MUST SIGN
Date: 10/5/99

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: [signature] PHILIPPE TYII
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10 | 1 | 99 Date
954-648-3976 Daytime Phone #