2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000045309

Name:

Address:

City-St-Zip:

MARCOS, VELASCO H MR

DEERFIELD BEACH, FL 33442

1424 SW 47TH AVE

FILED Oct 04, 2006 Secretary of State

Entity Nar	ne: WIREL	ESS PLAN	NET COMMUNICATIC	ONS CORF	P _.				
Current Principal Place of Business:					New Principal Place of Business:				
571 E. SAN POMPANC	MPLE RD.) BEACH, F	L 33064	US						
Current Mailing Address:					New Mailing Address:				
571 E. SAN POMPANC	MPLE RD.) BEACH, F	L 33064	US						
FEI Number:	65-0834579	FEI Nu	ımber Applied For()	FEI Nun	nber Not Appli	icable ()	Certifica	ate of Status Desire	ed ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
DEFARIA, WELLINGTON 5427 NW 48TH STREET COCONUT CREEK, FL 33073 US					VASCONCELOS, JOSE S R 5427 NW 48TH STREET COCONUT CREEK, FL 33073 US				
	named enti of Florida.	ty submits	this statement for the	purpose o	f changing it	ts registered	office or r	registered agent,	or both,
SIGNATURE: JOSE SR VASCONCELOS					10/04/2006				
	Elect	ronic Signa	ature of Registered Ag	gent				Date	
			.S., the corporation did n und Contribution ().	not receive t	he prior notice	e.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		() Delete MARCOS S CIRCLE #20 BEACH, FL			Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	4231 NW 97	()Delete ELOS, JOSE FH AVE BEACH, FL 3			Title: Name: Address: City-St-Zip:	V (X VASCONCELO 4231 NW 9TH POMPANO BE	OS, JOSE S AVE		
Title:	Т	(X) Delete			Title:	() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCOS S BRANDOS Ρ 10/04/2006