

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 PM 2:10

DOCUMENT # P98000045309

1. Corporation Name

WIRELESS PLANET COMMUNICATIONS CORP.

100138343521
12/01/08--01062--008 **300.00

2. Principal Office Address - No P.O. Box #

571 E. SAMPLE RD.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

US

3. Mailing Office Address

571 E. SAMPLE RD.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

US

CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/18/1998

5. FEI Number

65-0834579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SMART TAX

Street Address (P.O. Box Number is Not Acceptable)

513 E SAMPLE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Luanda Sola President
REGISTERED AGENT MUST SIGN

Date 11/11/2008

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| P | BRANDAO, MARCOS | 571 E SAMPLE ROAD | POMPANO BEACH, FL 33064 |
| VP | DE BARROS, LEONARDO | 3550 BLUE LAKE DR. #505 | POMPANO BEACH, FL 33064 |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO DE BARROS - VP

Date

11/21/08 (754) 366 3976

Daytime Phone #