

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000046294

1. Corporation Name

INFOCELL INTERNATIONAL, INC.

FILED

00 OCT 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

14361 SW 157 STREET
MIAMI FL 33177

Mailing Address

14361 SW 157 STREET
MIAMI FL 33177

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

2. New Principal Office Address, If Applicable

14371 SW 157 STREET

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

3. New Mailing Office Address, If Applicable

14371 SW 157 ST.

Suite, Apt. #, etc.

MIAMI FL

City & State

Zip

33177

Country

USA

Zip

33177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

65-0853386

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
PSTD	LOZANO, GUSTAVO M	14361 SW 157 STREET	MIAMI FL 33177
VD	CANON, HECTORO P	1300 COLLINS AVENUE	MIAMI BEACH FL 33139

000003463520--1

-11/15/00--01008--020

***750.00 ***750.00

8. Name and Address of Current Registered Agent

LOZANO, GUSTAVO M
14361 SW 157 STREET
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

GUSTAVO MARTINEZ

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

14371 SW 157 ST.

Suite, Apt. #, Etc.

MIAMI FLORIDA

City

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 10-10-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/00)