

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000075652

Entity Name: CALYPSO WIRELESS, INC.

FILED
Nov 08, 2005
Secretary of State

Current Principal Place of Business:

5753 N.W. 158TH STREET
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

5753 N.W. 158TH STREET
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0882255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLINA, ALEXANDER
Address: 5979 NW 151ST STREET, STE. 106
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: D () Delete
Name: ALVAREZ, RICARDO
Address: 5979 NW 151ST STREET, STE. 106
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: PSD () Delete
Name: MENDOZA, CARLOS
Address: 5979 N.W. 151 STREET, STE. 106
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MENDOZA CARLOS

PSD

11/08/2005

Electronic Signature of Signing Officer or Director

Date