

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 11 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078702

1. Corporation Name

CELL ONE CORPORATION

Principal Place of Business

6295 WEST 16TH AVENUE  
HIALEAH FL 33012

Mailing Address

6295 WEST 16TH AVENUE  
HIALEAH FL 33012

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.  
7490 W. Flagler Street

City & State  
Miami, FL

Zip  
33144

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
7490 W. Flagler Street

City & State  
Miami, FL

Zip  
33144

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1998

5. FEI Number

65-0862548

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
STD	CAMPOS, RAUL	6295 WEST 16TH AVENUE	HIALEAH FL 33012
			200003137492--7 -02/16/00--01065--013 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J ESQUIRE  
7270 N.W. 12TH STREET  
SUITE 580  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Angel F. Fernandez-Bergnes, PA

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

7490 W. Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

2/2/00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 648-7100

2

February 2, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Cell One Corporation  
Fed. Id# 65-0862548

To Whom It May Concern:

Please be advised that our corporation filed the 1999 UBR form in 1999 with the \$150 payment on April 27, 1999. We never heard or received anything else from the State. I am sending the "Application for Reinstatement" since the corporation was dissolved in error. Please waive any late fees related to the matter since we did not error.

Attached is a copy of the cancelled check that was sent with the 1999 form (# 1001). Also, I'm enclosing a check for \$150 to cover the filing fee for the 2000 filing.

Should you have any questions, please feel free to contact my registered agent at 305-648-7100. Thank you for your attention to this matter.

Sincerely,



Raul Campos  
President