

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 16 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084683

1. Entity Name
FLORIDA CELLULARS & ACCESSORIES, INC.



Principal Place of Business
7777 NW 146TH ST
MIAMI LAKES, FL 33016

Mailing Address
7777 NW 146TH ST
MIAMI LAKES, FL 33016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
65-0867637

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOMAR ACCOUNTING, PA
7777 NW 146TH ST
MIAMI LAKES, FL 33016

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSTD
HIJAZI, IBRAHIM M
7777 NW 146TH ST
MIAMI LAKES, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition
500106208835
07/16/07--01071--013 **300.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
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CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: IBrahim M Hijazi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07 825-1123
Date Daytime Phone #

7/18/07