

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 12:44

DOCUMENT # P98000097098

1. Corporation Name

FLORIDA CELLULAR OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

6051 MIRAMAR PKWY
MIRAMAR FL 33023

6051 MIRAMAR PKWY
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1998

5. FEI Number

65-0881226

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KURUVILA, JOE	6053 MIRAMAR PKWY	MIRAMAR FL 33023
D	THOMAS, SALVI	9840 SW 3RD ST.	PEMBROKE PINES FL 33026

800003046378--2
-11/16/99--01099--003
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

KURUVILA, JOE
6051 MIRAMAR PKWY
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/18/99

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/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KURUVILA, JOE 10/18/99 983-5951

AD

October 28, 1999

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Taxpayer's Assistance:

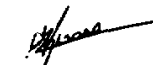
Enclosed are reinstatement forms for three of our companies.

We never received the two notices for the annual corporation fees for these companies.

We have enclosed our checks for each of the companies in the amount of \$150.00 for the corporation annual reports.

Please reinstate the companies.

Sincerely,


SALVI VELLAPALLY