

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
 00 MAR 27 PM 2:33

DOCUMENT # P98000098646

1. Corporation Name

CITY PAGE & CELLULAR SERVICE, INC.

Principal Place of Business

Mailing Address

9265 ~~NORTHWEST~~ 40TH STREET
 MIAMI FL 33165

9265 ~~NORTHWEST~~ 40TH STREET
 MIAMI FL 33165



REINSTATEMENT

99-00

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

2. New Principal Office Address, If Applicable <u>9265 SW 40 ST</u>		3. New Mailing Office Address, If Applicable <u>9265 SW 40 ST</u>		4. Date Incorporated or Qualified To Do Business in Florida 11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0876545	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>		Applied For Not Applicable	
Zip <u>33165</u>	Country	Zip <u>33165</u>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	DIAZ, MARLENE	9265 NORTHWEST 40TH STREET <u>9265 SW 40 ST</u>	MIAMI FL 33165

500003195935--1
 -04/04/00--01100--002
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~AMERILAWYER~~
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name <u>Marlene Diaz</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9265 SW 40 ST</u>		
Suite, Apt. #, Etc.		
City <u>Miami</u>	State FL	Zip Code <u>33165</u>

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

[Handwritten Signature]

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

1/4/00

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:

[Handwritten Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/00

Daytime Phone #

305 2206999

AD