


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

01 DEC 12 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P99000007330 1. Corporation Name Cellular Source of America, Inc.			
2. Principal Office Address 6753 W. Newberry RD Suite, Apt. #, etc. Gainesville FL 32605 City & State Zip Country 32605 USA		3. Mailing Office Address 6753 W. Newberry RD Suite, Apt. #, etc. Gainesville FL City & State Zip Country 32605 USA	
4. Date Incorporated or Qualified To Do Business in Florida 1/2/99		5. FEI Number 59-3552917 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

000004743040--0  
-12/28/01--01074--016  
\*\*\*\*150.00 \*\*\*\*150.00

<b>7. Name and Address of Current Registered Agent</b>	
Name Kent Leeward	
Street Address (P.O. Box Number is Not Acceptable) 6753 W Newberry RD	
Suite, Apt. #, Etc. 0	
City Gainesville	State FL
Zip Code 32605	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Kent Leeward Date 12/10/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Kent Leeward	6753 W. Newberry RD	Gainesville FL 32605
SUD	Stephani Leeward	6753 W. Newberry RD	Gainesville FL 32605

10. 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)(f), 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: Kent Leeward Date 12/10/01 352-335-1847 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20201 (9/00)

**Cellular Source**  
6753 W. Newberry Rd.  
Gainesville, FL 32605  
352-331-7771

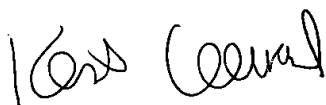
12/10/01

Dear Sir/Madam,

I changed the address of the Registered agent and thought that is where the 2001 UBR would be sent, but apparently they sent it to the old address and we never received it.

Enclosed is a completed Corporation Reinstatement and a check for \$150. Please process immediately. If you have any questions, please call me at 352-213-4000.

Sincerely,



Kent Leeward, PTD and registered agent