

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:25

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-10/23/01--01048--016
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DOCUMENT # P99000023689

1. Corporation Name

NMI Wireless Inc.

2. Principal Office Address

13480 SW 131ST

Suite, Apt. #, etc.

3. Mailing Office Address

3031 SW 133pl

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 15, 1999

5. FEI Number

65-0918130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eddie Peratta

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

3031 SW 133rd PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

Eddie Peratta
REGISTERED AGENT MUST SIGN

Date 10/12/2001

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
Pres	Eddie Peratta	3031 SW 133pl	MIAMI FL 33175

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)(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:

Eddie Peratta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

305-969-9660

CR2E081 (9/00)



ATTN: MARIE JACOBS

AS PER OUR CONVERSATION DATED 10/12/01 9:25 AM I AM SENDING YOU THIS LETTER WHERE I STATE UNDER OATH THAT I NEVER RECIVE THE ANNUAL REPORT DOCUMENTS TO FILE MY CORPORATION DUE TO THE FACT THAT THE DIVISION OF CORPORATIONS HAVE AN INCORRECT ADRESS, AND THAT IS WHY I NEVER RECIVED THE 2ND NOTICE THANK YOU FOR YOUR HELP IN THIS MATTER YOU WILL FIND THE CORRECT ADDRESS BELOW.

SINCERELY,

EDDIE PERALTA

A handwritten signature in cursive script that reads "Eddie Peralta".

PRESIDENT/OWNER

NMI WIRELESS INC.