

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030170

1. Corporation Name

WIRELESS 411, INC

2. Principal Office Address

195 N. FEDERAL HWY

Suite, Apt. #, etc.

D

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

BROWARD

3. Mailing Office Address

195 N. FEDERAL HWY

Suite, Apt. #, etc.

D

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

BROWARD

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1999

5. FEI Number

65-0911282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STUART H. GLAUSER

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

14446 WEST DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/18/05

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
D	DAVID STRUM	195 N FEDERAL HWY	FT. LAUDERDALE, FL
			33161

100061870241
12/02/05--01052--010 **300.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams NOV 21 2005

WIRELESS 411, INC.
195 NORTH FEDERAL HIGHWAY SUITE D
FORT LAUDERDALE, FLORIDA 33301

November 18, 2005

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Wireless 411, Inc., FEI # 650911282 Doc# P99000030170

To Whom It May Concern:

As per my conversation today with a representative from the Department of State please find enclosed the reinstatement form and check # 2653 in the amount of \$300 for the above mentioned company. The fee was never paid due to the fact I never received any renewal cards from the state.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Strum', with a stylized flourish at the end.

David Strum
President