

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-99000050583

1. Corporation Name

CENTRAL FLORIDA CELLULAR & ELECTRONICS, INC.

2. Principal Office Address

111 6th Street NW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip
33881

Country
USA

3. Mailing Office Address

111 6th Street NW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip
33881

Country
USA

REINSTATEMENT

03-04

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

6/4/1999

5. FEI Number
593579617

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

Joseph M. Esposito

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

2219 Palmview Circle

Suite, Apt. #, Etc.

City

Auburndale

State
FL

Zip Code
33823

400029950624
03/05/04 01036 002 #4900.00

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

Date

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
p	Joseph M. Esposito	2219 Palmview Circle	Auburndale, FL 33823

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04

863-324-5880

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