

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P99000075326
CELLULAR DELIVERY DEPT INC.FILED
02 JUL 30 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA700006967507--5
-08/08/02--01002--020
****450.00 ****450.00

2. Principal Office Address

3. Mailing Office Address

8211 NW 64 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

SAME

City & State

City & State

MIAMI FL

Zip

Country

33166

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65-0940116

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RENE RESEK

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

5959 NW 37 ST

Suite, Apt. #, Etc.

236

City

MIAMI

State
FL

Zip Code

33166

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

René Resek

Date

7/25/02

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	RENE RESEK	5959 NW 37 ST #236	MIAMI FL 33166
VP	BARBARA CARASUSAN	5959 NW 37 ST #236	MIAMI FL 33166

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:

René Resek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/22/02

Daytime Phone #

(305) 500 9055