

APPLICATION  
FOR

## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -7 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076098

1. Corporation Name

MEMBER'S LINK WIRELESS, INC.

Principal Place of Business

Mailing Address

370 W. CAMINO REAL BLVD..BAY #109  
BOCA RATON FL 33432370 W. CAMINO REAL BLVD..BAY #109  
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/1999

5. FEI Number

65-0960894

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VULTAGGIO, AGOSTINO	17782 FOXBOROUGH LANE	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAYLORD, MARC R ESQ.  
621 N.W. 53RD. STREET, STE.240  
BOCA RATON FL 33487

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent*Agostino Vultaggio*  
REGISTERED AGENT MUST SIGN

Date

10 29 2000

11. 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.

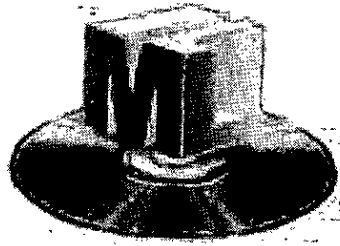
SIGNATURE:

*Agostino Vultaggio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 - 29 - 2000



members**LINK**

Florida Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee FL 32314-6327

---

We are re-sending the application forms for the corporation because we didn't receive in time the notice that we were missing the federal tax id number on the prior forms.

If you have any questions, please contact us at (561) 620-0777

Very truly yours,

A handwritten signature in black ink, appearing to be 'D. Lee', followed by a long horizontal line extending to the right.