

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000084592**

1. Corporation Name

NAC WIRELESS CORP.

Principal Place of Business

10457 SW 40TH ST.
MIAMI FL 33165

Mailing Address

10457 SW 40TH ST.
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

5300 West FLAGLER ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33144 US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1999

5. FEI Number

65-0949250

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SIVILLA, ERNESTO	3000 SW 110TH AVE	MIAMI FL 33165
STD	SIVILLA, MARIA	3000 SW 110TH AVE	MIAMI FL 33165

9000008645139
10/29/02--01040--002 **150.00

8. Name and Address of Current Registered Agent

SILVILLA, ERNESTO
3000 SW 110TH AVE.
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-21-02**

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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 305 2204545

CR2E040 (8/02)

NAC WIRELESS CORP.

8300 West Flagler Street Suite 113
Miami, FL 33144
PHONE (305) 595-2337

October 21, 2002

ATTN: FLORIDA DEPT. OF STATE

TO WHOM THIS MAY CONCERN

IM WRITING THIS LETTER AS INSTRUCTED BY SHAWN ONE OF YOUR AGENTS TO LET YOU KNOW THAT I DID NOT RECEIVE ANY PRIOR NOTICES AT MY NEW ADDRESS LISTED ABOVE. IVE ALSO INCLOSED A CHECK FOR \$150.00 AS INSTRUCTED.

THANK YOU.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Ernesto Sivilla', written in dark ink.

ERNESTO SIVILLA