

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17527

1. Corporation Name

ROADSTAR CELLULAR, INC.

Principal Place of Business

Mailing Address

925 S SEMORAN BLVD
S108
WINTER PARK FL 32792

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S108
WINTER PARK FL 32792

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1990

5. FEI Number

59-2993552

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CLARK, JAMES R.	1421 SHADWELL CIRCLE	HEATHROW FL
DPV	CLARK, JEFFREY R.	5065 GREYLOCK COURT	SANFORD FL
		3367 LAKEVIEW OAKS DR	LONGWOOD, FL 32779
			800002706638--2 -12/08/98--01083--009 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

PLAUT, TANYA M.
506 MARIPOSA STREET
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name Jeffrey R. CLARK
Street Address (P.O. Box Number is Not Acceptable)
3367 Lakeview Oaks Drive
Suite, Apt. #, Etc.

City Longwood

State FL Zip Code 32779

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 11/13/98 Daytime Phone # 257-2351

CR2E040 (9/98)