

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 MAY 14 PM 1:28

DOCUMENT # S20049

1. Corporation Name

NATIONAL CELLULAR OF AMERICA, INC.

2. Principal Office Address

PO Box 273566

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33427

Zip

Country

3. Mailing Office Address

PO Box 273566

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33427

Zip

Country

**REINSTATEMENT** 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1990

5. FEI Number

650231844

Applied For

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

Braverman, Steven D., P.A.

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

2021 E Commercial Blvd, Ste. 304

Suite, Apt. #, Etc.

Ft. Lauderdale, FL 33308

City

State

FL

Zip Code

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

*Steven D. Braverman*

REGISTERED AGENT MUST SIGN

Date 5/13/04

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	Jordan, Lawrence	3640 64 Ct., #C43	Coconut Creek, FL 33073

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:

*Steven D. Braverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04

Date

561-470-1223

Daytime Phone #

CR2E081 (10/02)