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APPLICATION	ASE HEAD		RUCTIONS A DEPARTMEN Katherine Ha	NT OF STATE	OMPLET	ING THIS F	ОНМ.	
			Secretary of State			FILED		
DOCUMENT # <7/2 75					99 SEP 24 PM 4: 10			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
INTERSTATE CEI	LULAR HOI	DINGS (CORP.			124 CF 441 MAD 2	EE+ የዚህየ	MUA
Principal Place of Business		Mailing Addr	ess					
If above addresses are incorred 2. New Principal Office Address			nformation and enter		EINS	TATEM		18-99 P
1332 N. Ocean Blvd. Suite Apt #. etc City & State Palm Beach, FL		Suite, Apl. #, etc.			To Do Business in Florida 12/31/90			
		City & State			5. FEI Number			
33480 Count	ŬSA	Zip	Country	γ -	6. CERTIFICAT	E OF STATUS DESIRE	\$8.75 Ac	dditional Fee required Certificate of Status
7. Names and Street Addresses	of Each Officer and/	or Director (Flo	,					
Name of Officers Title(s) and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
Director Michael B. Azeez 5 Seavie				w Road		Strathmon	re, NJ	08248
Director John F. Scarpa 1332 N. Ocean					đ.	Palm Bea	ch, FL	33480
President Michael B. Azeez 5 Seavie				w Road		Strathmo	re, NJ	08248
Secretary & Treaturer John F. Scarpa 1			1332 N.	Ocean Bl	vd.	Palm Bea	ch, FL	33480
				600000065761 -10/05/990115017 ****908.75 ****908.75				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
The Prentice-Hall Corporation System, Inc.				Name Streel Address (P.O. Box Number is Not Acceptable) Suite Apl # Etc.				
1201 Hays Street, Suite 105 Tallahassee, FL 32301 USA				Suite, Apt. #, Etc.				
·				City State Zip Code				
10. I, being appointed the register	red agent of the abo	ve named corpo	ration, am familiar wi	th and accept the ob	oligations of Sect	ion 607.0505, F.S.	<u> </u>	
Signature of Registered Agent - Lau	ua P. A	GISTERED AG	ENT MUST SIGN			Date 9/	2119	9
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No W (See other side for information on intangible tax.)								
12 I certify that I am an officer or this reinstatement application owed by the corporation have on this application is true and	the reason for disso	lution has been	eliminated, the corpo	rate name satisfies t	the requirements	of section 607,0401	or 617.0401, F	S., that all fees
SIGNATURE: SIGNATURE MICH	LUL GERNARE OF PARA	NTED NAME OF A	igning officer or c rector an	omector d Preside	ent	9 2 89 Date	609-6 Daytime	946-9400 Phone #