

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR -5 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V67809

1. Corporation Name

CELLULAR SYSTEMS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1919 SAND LAKE ROAD  
ORLANDO FL 32809  
US

1919 SAND LAKE ROAD  
ORLANDO FL 32809  
US

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

2. New Principal Office Address, If Applicable

260 Bridge Creek Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1992

5. FEI Number

59-3144318

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Zip

34761

Country

USA

Zip

Country

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
PVPS	NEWBERG, SHANE	1919 SAND LAKE RD.	ORLANDO FL

400003213564--B  
-04/18/00--01115--015  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

NEWBERG, SHANE  
1919 SAND LAKE RD.  
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name Shane Newberg  
Street Address (P.O. Box Number is Not Acceptable)  
260 Bridge Creek Blvd.  
Suite, Apt. #, Etc.  
City Orlando  
State FL Zip Code 34761

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]*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 3/30/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 407-654-1494  
Date Daytime Phone #

KE

CR2040 (8/99)