


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 19 PM 3:17

CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F98000001870</b> 1. Entity Name NEXTEL INTERNATIONAL (SERVICES), LTD., INC.	
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Principal Place of Business 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191	Mailing Address 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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Zip	Country	Zip	Country
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<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah D. Skipper **Deborah D. Skipper** 10/19/2005  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$750.00</b> After January 1, 2006, Fee will be \$900.00	200061086562 11/02/05--01004--007 **758.75
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILKER, ROBERT J 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Robert J. Gilker 10700 Parkridge Blvd. Suite 600 Reston VA 20191 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SILIEZAR, BYRON 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Byron Siliezar 10700 Parkridge Blvd. Suite 600 Reston VA 20191 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEMERT, LOVAN 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lo van Gemert 10700 Parkridge Blvd. Suite 600 Reston VA 20191 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRERAS, MERCEDES M 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINDLER, STEVEN M 10700 PARKRIDGE BLVD RESTON, VA 20191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Steven M. Shindler 10700 Parkridge Blvd. Suite 600 Reston VA 20191 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GURAIEB, RICARDO 10700 PARKRIDGE BLVD RESTON, VA 20191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Gilker, VP/S&D 5-Oct-2005 703-547-5282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

