

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 2:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011626
Name and Mailing Address

0005703 01 AT 0.292 **AUTO T3 0 0615 33126-160872
UNICELL MOBILE, LLC
1472 N.W. 78TH AVE.
MIAMI FL 33126-1608



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/14/2002	
Principal Place of Business 1472 N.W. 78TH AVE. MIAMI FL 33126	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name: Victoria Yidios Street Address (P.O. Box Number is Not Acceptable): 1472 NW 78 Ave City: Miami FL Zip Code: 33126	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Grey Yidios **REGISTERED AGENT MUST SIGN** Date: 11-5-03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	YIDIOS, TEOFILO	1472 N.W. 78TH AVE.	MIAMI FL 33126
			300024617103 11/12/03--01084--002 **150.00
			REINSTATEMENT <u>2003</u>

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] **SIGNATURE REQUIRED** Date: 11-5-03 Daytime Phone #: (305)599-3330

CR2E034 (7/03)