

REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **L04 00001113**

1. Limited Liability Company's Name

TELCEL WIRELESS, LLC

2009 JUL 23 P 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

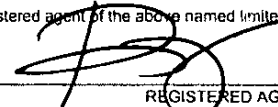
2. Principal Office Address - No P.O. Box # 18931 SOUTHWEST 30TH STREET		3. Mailing Office Address 18931 SOUTHWEST 30TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR, FLORIDA		City & State MIRAMAR, FLORIDA	
Zip 33029	Country USA	Zip 33029	Country USA

4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business in Florida 2-11-04	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name MIA M. SINGH			
Street Address (P.O. Box Number is Not Acceptable) 1792 BELL TOWER LANE			
Suite, Apt. #, Etc.			
City WESTON	State FL	Zip Code 33326	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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  Date **07/10/08**

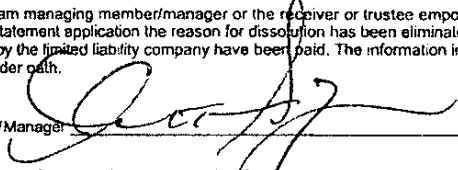
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTONIO ZACARIAS	18931 SOUTHWEST 30TH STREET	MIRAMAR, FL 33029

500132889445
07/14/08--01052--002 **382.50

REINSTATEMENT 06-08

11. 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  Date **07-10-2008** Daytime Phone # **305-995-8238**

Typed or printed name of signing Managing Member/Manager