

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



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

00 OCT 27 PM 4:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M98000000277

1. Limited Liability Company's Name

Omnipoint Communications Services, LLC

REINSTATEMENT 2000

2. Principal Office Address

12920 S.E. 38th St.

3. Mailing Office Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Bellevue, WA

City & State

Zip

Country

98006

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

3/24/98

6. FEI Number

52206412

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Laura R. Dunlap

Laura R. Dunlap as its agent

REGISTERED AGENT MUST SIGN

Date 10/27/00

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
	<u>see attached</u>		

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 608.408, 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

DAVID A. MILLER

Date 10/23/00

Daytime Phone # 425 653-4600

Typed or printed name of signing Managing Member/Manager DAVID A. MILLER

2

Omnipoint Communications Services, LLC
a Delaware Limited Liability Company

Sole Member:
Omnipoint MB Holdings II, LLC
12920 S. E. 38th Street
Bellevue, WA. 98006

Officers:

MGRM	John W. Stanton Chairman and Chief Executive Officer	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Donald Guthrie, Director Vice Chairman	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Robert R. Stapleton President	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Cregg B. Baumbaugh, Director Executive Vice President - Finance, Strategy and Development	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGR	Alan R. Bender, Director Executive Vice President, General Counsel and Secretary	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Robert P. Dotson Senior Vice President – Marketing and Sales	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Timothy R. Wong Senior Vice President - Engineering	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Patricia L. Miller Vice President, Controller and Principal Accounting Officer	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	David A. Miller Vice President and Assistant Secretary	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Lauren Venezia Assistant Vice President	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Lee A. Tostevin Assistant Secretary	3650 131 st Avenue SE, Suite 200 Bellevue, WA 98006

3



ACCOUNT NO. : 072100000032

REFERENCE : 876690 7156704

AUTHORIZATION :

Patricia Pajut

COST LIMIT : \$ 150.00

ORDER DATE : October 25, 2000

ORDER TIME : 2:08 PM

ORDER NO. : 876690-005

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott
VOICESTREAM CORPORATION
VOICESTREAM CORPORATION
12920 Se 38th Street

Bellevue, WA 98006

DOMESTIC FILING

NAME: OMNIPOINT COMMUNICATIONS
SERVICES, LLC

EFFECTIVE DATE:

XX REINSTATEMENT
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
00 OCT 27 PM 3:08
NOT INTERFERED
TO AGENCY'S
SUFFICIENCY OF FILING