

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -8 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005567

1. Corporation Name

SPEEDCOM Wireless Corporation

2. Principal Office Address

EAST  
7020 Professional Pkwy

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34240

Country

Sarasota

3. Mailing Office Address

EAST  
7020 Professional Pkwy

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

Sarasota

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/26/2000

5. FEI Number

58-2044990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SARA BYRNE

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

7020 Professional Parkway East 300023641613

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 10/3/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	MIKE STERNBERG	7020 PROFESSIONAL PARKWAY - EAST	SARASOTA FL 34240
CHAIRMAN	CRAIG ROOS		34240
DIRECTOR	BEN HAIDZI		
DIRECTOR	JOE MORGAN		
CFO	MARK SCHAFFLEIN		
SECRETARY	SARA BYRNE		

10. 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

SARA BYRNE

Date

10/3/03

Daytime Phone #

941-907-

2323

71 10/9