

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 PM 1:37

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000006995

**1. Corporation Name**

Nextlink Wireless, Inc.

**2. Principal Office Address - No P.O. Box #**

11111 Sunset Hills Rd.

Suite, Apt. #, etc.

**City & State**

Reston, VA

**Zip**

20190

**Country**

USA

**3. Mailing Office Address**

11111 Sunset Hills Rd.

Suite, Apt. #, etc.

**City & State**

Reston, VA

**Zip**

20190

**Country**

USA

**REINSTATEMENT**

CR2E081 (1/07)

06-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/02/2005

**5. FEI Number**

91-2019476

☐ 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**

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

☐ The 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 reinstatement fee be waived.

**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**

*C. Doe*  
REGISTERED AGENT MUST SIGN

**Date**

6/14/07

**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
	SEE ATTACHED RIDER		
			700104426587

**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 contained in Chapter 119, 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

Richard Scully, Assistant Secretary

6/13/2007 (703)547-2000

Date

Daytime Phone #

The address for all directors and officers is:  
11111 Sunset Hills rd  
Reston, VA 20190

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**Nextlink Wireless, Inc. Officers**

Carl J. Grivner	President
Robert Beran	Chief Executive Officer
Wayne Rehberger	Executive Vice President & Chief Operating Officer
Gregory Freiberg	Vice President & Chief Financial Officer
William Garrahan	Senior Vice President, Corporate Development
Heather Gold	Senior Vice President, Government Relations
Denise Clayton	General Counsel
Terri Burke	Vice President, Human Resources
Rob Geller	Chief Information Officer
Kristi Jung	Treasurer
Richard Scully	Assistant Secretary

**Nextlink Wireless, Inc. Directors**

**Director and date assumed office:**

Carl Grivner Jan 2004

Wayne Rehberger Jan 2004

William Garrahan Jan 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 949124 5170236

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT : \$ 900.00

ORDER DATE : June 14, 2007

ORDER TIME : 9:38 AM

ORDER NO. : 949124-040

CUSTOMER NO: 5170236

REINSTATEMENT

NAME: NEXTLINK WIRELESS, INC.

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 JUN 15 PM 0:57  
TO JUDGE  
SUFFOLK COUNTY  
FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER'S INITIALS \_\_\_\_\_