

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 FEB 19 AM 9:43

DOCUMENT # F96000006220

1. Corporation Name

AMERICOM WIRELESS SERVICES, INC.

Principal Place of Business

Mailing Address

1300 BELLONA AVENUE
LUTHERVILLE MD 21093

1300 BELLONA AVENUE
LUTHERVILLE MD 21093



REINSTATEMENT *18* *01-02*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | |
|---|--|--|--|--|
| 2. New Principal Office Address, If Applicable 1150 ENTERPRISE DR Suite, Apt. #, etc. SUITE 100 City & State COPELL TX Zip 75019 Country USA | | 3. New Mailing Office Address, If Applicable 70 SOLECTRON CORPORATION Suite, Apt. #, etc. 847 GIBRALTAR DR, BLDG 5 City & State MILPITAS CA Zip 95035 Country USA | | 4. Date Incorporated or Qualified To Do Business in Florida 11/27/1996 |
| 5. FEI Number 52-1984764 | | Applied For Not Applicable | | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | | |

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------------------|--------------------------------------|--|-------------------------------------|
| 1 | 2 | 3 | 4 |
| PDAS PD | GILL, MICHAEL MITCHELL, WILLIAM | 1300 BELLONA AVENUE 847 GIBRALTAR DR | LUTHERVILLE MD MILPITAS CA 95035 |
| STD TD | MCCLURE JR, DONALD O LEUNG, JULIO | 1300 BELLONA AVENUE 847 GIBRALTAR DR | LUTHERVILLE MD MILPITAS CA 95035 |
| D SD | GILL, GARY T AESCHLIEMAN, ROBERT | 2328 W. JOPPA ROAD 847 GIBRALTAR DR | LUTHERVILLE MD MILPITAS CA 95035 |
| ASD | MANN, MICHELE | 1300 BELLONA AVENUE | LUTHERVILLE MD |
| D | GRIMES, ALBERT | 2100 WILSON BLVD, #1200 | ARLINGTON VA |
| D | WOLTZEN, HUGH | 9600 DEEBECO ROAD | TIMONIUM MD |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
400005022514-9
Street Address (P.O. Box Number is Not Acceptable)
02/27/02 01007-002
******750.00 ****750.00**
Suite, Apt. #, Etc.
400005022514-9
02/27/02 01007-003
City
******150-00 ****150.00**
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-11-01

11. 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 REQUIRED
Robert Aeschlieman

Date

Daytime Phone # **6259**