

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 19 PM 3:17

CLERK OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** (6/04) 05

<b>DOCUMENT # F98000001870</b> 1. Entity Name NEXTEL INTERNATIONAL (SERVICES), LTD., INC.					
Principal Place of Business 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191			Mailing Address 10700 PARKRIDGE BLVD STE 600 RESTON, VA 20191		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1726566	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Deborah D. Skipper</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>		Deborah D. Skipper <small>(NOTE: Asst. V. Pres. required when reinstating)</small>		10/19/2005 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>			200061086562 11/02/05--01004--007 **758.75		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILKER, ROBERT J 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Robert J. Gilker 10700 Parkridge Blvd. Suite 600 Reston VA 20191
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SILIEZAR, BYRON 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Byron Siliezar 10700 Parkridge Blvd. Suite 600 Reston VA 20191
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEMERT, LOVAN 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lo van Gemert 10700 Parkridge Blvd. Suite 600 Reston VA 20191
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRERAS, MERCEDES M 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINDLER, STEVEN M 10700 PARKRIDGE BLVD RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Steven M. Shindler 10700 Parkridge Blvd. Suite 600 Reston VA 20191
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GURAIAB, RICARDO 10700 PARKRIDGE BLVD RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Robert J. Gilker</i> <b>Robert J. Gilker, VP/S&amp;D</b> <b>5-Oct-2005</b> <b>703-547-5282</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					