

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001870

1. Corporation Name

NEXTEL INTERNATIONAL (SERVICES), LTD., INC.

Principal Place of Business

Mailing Address

10700 PARKRIDGE BLVD
STE 600
RESTON VA 20191

10700 PARKRIDGE BLVD
STE 600
RESTON VA 20191

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1726566

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP VP/D	GILKER, ROBERT J	10700 PARKRIDGE BLVD, SUITE 600	RESTON VA 20191
VPT	SILJEZAR, BYRON	10700 PARKRIDGE BLVD, SUITE 600	RESTON VA 20191
B VP/D	GEMERT, LOVAN	10700 PARKRIDGE BLVD, SUITE 600	RESTON VA 20191
S S/D	BARRERAS, MERCEDES M	10700 PARKRIDGE BLVD, SUITE 600	RESTON VA 20191
P	Steven M. Shindler	10700 Parkridge Blvd. Suite 600	Reston VA 20191
AS	Ricardo Guraieb	10700 Parkridge Blvd. Suite 600	Reston VA 20191

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

900023866229

Street Address (P.O. Box Number is Not Applicable) -018 **758.75

900023866229

Suite, Apt. #, Etc. 10/17/03--01002--018 **758.75

City

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. or 617.0505, F.S.

Signature of
Registered Agent

James Grier

James Grier, Authorized Rep.

Date 10/14/2003

REGISTERED AGENT MUST SIGN

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:

Mercedes M. Barreras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Oct 2003

Date

703-390-7297

Daytime Phone #

CR2E040 (7/03)