

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 20 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002690

1. Corporation Name

LogicaCMG Wireless Networks, Inc.

REINSTATEMENT

04-07

SP

W07-11278

CR2E081 (1/07)

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

6404 International Pkwy.

3. Mailing Office Address

Suite, Apt. #, etc.

Ste. 2048

Suite, Apt. #, etc.

City & State

Plano TX

City & State

Zip

75093

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

31-1335534

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 St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

☐ 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

Kimberly B. Moret

Kimberly B. Moret
as its agent

Date

2/23/07

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
Pres.	Wayne Irwin	6404 International Pkwy Ste 2048	Plano TX 75093
VP	Irwin Fairclough	"	"
Sec/Treas	Tim Sellar	"	"

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04/04/07--01027--012 **1200.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07

Date

Daytime Phone #