

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005872

1. Limited Liability Company's Name

Wireless Solutions International, LLC

2. Principal Office Address

3700 Airport Rd.

Suite, Apt. #, etc.

404

City & State

Boca Raton, FL

Zip

33431

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL, US

**5. Date Organized or Qualified
To Do Business in Florida**

5/2000

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Libow, Allen H

000004695030--9

-11/27/01--01045--022

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Rd. 1200 N. Federal Hwy

****150.00 ****150.00

Suite, Apt. #, Etc.

4499 301

City

Boca Raton

State

FL

Zip Code

33432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/7/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Martin Guilfoyle	3700 Airport Rd. #404	Boca Raton, FL 33431
VP	Brett Clover	3700 Airport Rd. #404	Boca Raton, FL 33431

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date 11/9/01

Daytime Phone # 561 393-2881

Typed or printed name of signing Managing Member/Manager