2004 LIMITED LIABILITY COMPANY REINSTATEMENT

| Principal Place of Business 3700 ARPORT RO SUITE 303 BOCK RATION, FL 33431 3700 ARPORT RO SUITE 303 BOCK RATION, FL 33431 3700 ARPORT RO SUITE 303 BOCK RATION, FL 33431 3700 ARPORT RO SUITE 303 BOCK RATION, FL 33431 3700 ARPORT RO SUITE 303 BOCK RATION, FL 34431 20 Country Exp Page lateral Agent | DOCUMENT # L0000005872 1. Entity Name WIRELESS SOLUTIONS INTERNATIONAL, LLC | | | | | | | FILIO4 OCT 22 | PM 4: 0 | | MJH | |
|---|---|---------------------------------------|-------------------------------|---------------------------------|----------|------------------------|-----------------|-------------------------|---|--|-----------------------|--|
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. 10062004 REIN-LLC CR2E101 (6/04) D D | 3700 AIRPORT RD SUITE 303 3700 AIRPORT RD SU | | | | | | 4 IRRIGAN | | | | 1851 fil 166 1 | |
| Cay & State City & State Cit | 2. Principal P | Place of Busin | ness | 3. Mailing Address | | | | | | | | |
| St. Outline | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10062004 | REIN-LLC | CR2E | i01 (6/04) | 10/22 | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 N REDERAL HWY 1200 N REDERAL HWY SUITE 307 BOCA RATON, FL. 33432 City Boch Burton FL. 32 Cdd 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | City & State | | | City & State | a | 1 | | | _ | | | |
| Name SOMA Street Address (P.O. Box Namber is Not Acceptable) BOCA ARTON, FL 33432 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of not receive the prior notice. FILE NOWITH FEE IS \$50.00 Afford January 1, 2003, Foe will be \$100.00 In accordance with a. 607-193(2)(b), F.S., the limited liability company of notice of the prior in notice in | Zip | | Country | Zip Coun | | try | 5. Certificat | e of Status Desired | | | | |
| Street Address (P.O. Box Number is Not Ageographie) | | 6. Name | and Address of Current R | legistered Agent | | | 7. Name an | d Address of New | Registered A | gent | | |
| Street Address (P.O. Box Number is Not Acceptable) to AD \$3.3 SUITE 307 BOCA RATON, FL 33432 S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. S. ON IA LYN SONIA LYN IO- (2-44 ADDITIONS (CHANGES) DEEP FILE MOWITI FEE IS \$5.0.00 After January 1, 2005, Fee with be \$10.000 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Priorita Department of State SIGNATURE MARK GUILFOYLE MARTIN GUILFOYLE MAR | LIBOW AL | I FNÆ | | Street 18 | * | Name (A | NIA | LYN | | a | | |
| BOCA RATON, FL 33432 City Boch BATON FL ZD Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent. SONIA LYN SONIA LYN SONIA LYN 10 - /2 - 04 10 - /2 - 04 10 - /2 - 04 10 - /2 - 04 SONIA LYN SONIA LYN INC. Plainever Agent digenery required agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and except the obtigation of registered agent, or both, in the State of Florida. I am familiar with, and except the observed agent of the state of Florida. I am familiar with, and except the observed agent of the state of Florida. I am familiar with, and except the Call of Florida. I am familiar with, and except the Call of Florida State of Florida. I am familiar with, and except the Call of Florida State of Florida. I am familiar with, and except the call of Florida State of Florida. I am familiar with, and except the florida. I am familiar with, and except the florida. I am familiar with, and except the Call of Florida State of Florida. I am familiar with, and except the Call of Florida State of Florida. I am familiar with, and except the Call of Florida S | 1200 N PE | DERAL H | IWY | 2160 m | | Street Address | (P.O. Box Num | ber is Not Acceptat | ole) On A | 0 4 | (3) 3 | |
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| B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance the obligations or registered agent. SIGNATURE SIGNATURE SUPPLY SUP | | | | | | | | | | | ^ | |
| SIGNATURE Signature Noted information and production of the 1 executions. Diction Dicti | | | | | | | | | | | | |
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| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR | SIGNATURE SONIA LYN 10-12-04 | | | | | | | | | | | |
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