

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009295

1. Limited Liability Company's Name

WIRELESS EMERGENCY SITING GROUP, LLC.

000031752130
04/02/04--01068--020 **200.00

2. Principal Office Address 524 FERNWOOD DRIVE Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA		3. Mailing Office Address 524 FERNWOOD DRIVE Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA	
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4. State/Country of Formation FLORIDA / SEMINOLE	
5. Date Organized or Qualified To Do Business in Florida 06/11/2001	
6. FEI Number 593723837	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Roger A. Repstien	
Street Address (P.O. Box Number is Not Acceptable) 524 Fernwood Drive	
Suite, Apt. #, Etc.	
City Altamonte Springs	State FL
	Zip Code 32701-6336

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  **Date** 03/30/04
REGISTERED AGENT MUST SIGN

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
MGRM	Roger A. Repstien	524 Fernwood Drive	Altamonte Springs, FL 32701

REINSTATEMENT

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** 4/18/04 **Daytime Phone #** 407-830-6522

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)