

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

L01000015137 ①

FILED  
03 NOV 18 AM 9:46

TALLAHASSEE, FLORIDA

DOCUMENT # L01000015137

1. Limited Liability Company's Name:

Cellucom USA LLC

2. Principal Office Address  
3F 520 SE 20th Avenue

Suite, Apt, #, etc.

City & State  
Boynton Beach, FL

Zip  
33435

County

3. Mailing Office Address

Suite, Apt, #, etc.

City & State

Zip  
County

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 9/5/2001

6. FEI Number  
65-1135031

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

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

941 Fourth Street #200

Suite, Apt, #, etc.

City

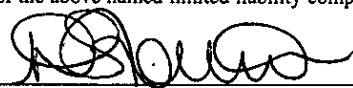
Miami Beach

State  
FL

Zip Code  
33139

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 11/17/03

10. Names and Street Addresses of Managing Members/Managers

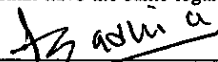
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Hemant Gadhia	3F 520 SE 20th Avenue	Boynton Beach FL 33435

REINSTATEMENT

2002-2003

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



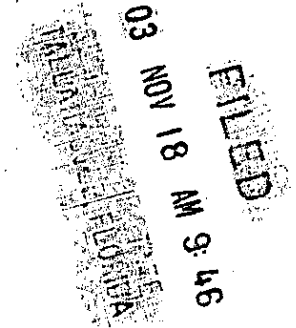
Date 11/17/2003

Daytime Phone # 561-364-9289

Type or print name of signing Managing Member/Manager Hemant Gadhia

L01000015137 (2)

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399



Re: Cellucom USA LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$50 check payable to Florida Department of State

We never received the <sup>2002</sup> Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Hemant Gadhia  
Name: Hemant Gadhia  
Title: Manager  
Date: 11/17/03

BR