PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECOND FILED.

DOCUMENT # L02000015732 1. United Liability Company's Name DOTSHOP WIRELESS LLC 2. Principal Office Address at Each 16, July 18, July 19, July 19	C	ED LIAB OMPAN' STATEM	Y		S	Secretary	TMENT OF STA y of State orporations	TE.		DIVÎS U6	CRETARY LEGISTON	D DF STATE PORATION 18:40	V S	
2. Principal Office Address 1521 ALTON ROAD 1522 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1522 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1522 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1522 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1521 ALTON ROAD 1522 ALTON ROAD 1524 ALTON ROAD 1525 ALTON ROAD 1	1. Limited L	1. Limited Liability Company's Name												
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City & State MIAMI BEACH, FL 20 Country 333139 Country 3500 Adultional for reminded for incomment Registrated Agent JOONATHAN HOLLANDER State Stat	Suite, Apt. #		ON	KOAD	Suite, Apt. #,				FLORIDA, US					
MIAMI BEACH, FL MIAMI BEACH, FL Zip Zip Country 331139 US 33139 US 7. CERTIFICATE OF STATUS DESIRED IT STATUS DESIRED I									5. Date Organized or Qualified To Do Business in Florida 06/24/2002					
25 33139 Country 33139 Country 33139 Country 8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent Syman Lydroge P & Box Number No Acceptable														
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State Activity that I am managing member/manager or the neabor or fusible empowered to execute this application as provided for in chapter 608, F.S. I further certify that was all frees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature of section 508, 406, F.S., and that all frees 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. Signature of Registered Agent MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip MGR JONATHAN HOLLANDER 1521 ALTON ROAD SUITE 145 MIAMI BEACH, FL 33139 SECOLOT 7852 5625 08/03/05 - 01037 - 0.21 +v300, 00 11. Leeftly that I am managing member/manager or the neabor or fusible empowered to execute this application as provided for in chapter 608, F.S. I further certify that when the single experiments of section 608, 406, F.S., and that all frees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all frees 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 by if made under oath. Date 7/27/06 Daytime Phone# 786, 924, 0604														
Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members Managers Street Address of Each Managing Members Managers City / State / Zip MGR JONATHAN HOLLANDER 1521 ALTON ROAD SUITE 145 MIAMI BEACH, FL 33139 Signature of Managing members 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 that fraction of Martaging Member/Manager Date 7/27/06 Daytime Phone # 786 924 0604		Street Address (P.A. Box Number is Not Acceptable) 1521 ALTON ROAD Suite Apt. #, Etc. 145												
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MGR JONATHAN HOLLANDER 1521 ALTON ROAD SUITE 145 MIAMI BEACH, FL 33139 STORY OF THE STATE	Signature of Registered Agent Date 7/27/06													
MGR JONATHAN HOLLANDER 1521 ALTON ROAD SUITE 145 MIAMI BEACH, FL 33139 SIDIOTESSESS 08/09/0601037021 **300,00 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 filling this reinstatement application the reason for dissolution has been eliminated, 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 is if made under oath. Signature of Mantaging Member/Manager Date 7/27/06 Daytime Phone# 786 924 0664	10. Name	s and Street	Addresses		bers/Managers									
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