

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG -1 AM 8:40

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000015732

1. Limited Liability Company's Name

DOTSHOP WIRELESS LLC

2. Principal Office Address

1521 ALTON ROAD

Suite, Apt. #, etc.

145

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

3. Mailing Office Address

1521 ALTON ROAD

Suite, Apt. #, etc.

145

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified  
To Do Business in Florida

06/24/2002

6. FEI Number

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

JONATHAN HOLLANDER

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

1521 ALTON ROAD

Suite, Apt. #, Etc.

145

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

7/27/06

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
MGR	JONATHAN HOLLANDER	1521 ALTON ROAD SUITE 145	MIAMI BEACH, FL 33139
			600078526626 08/09/06--01037--021 **300.00
			REINSTATEMENT 03-06

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

7/27/06

Daytime Phone #

786 924 0604

Typed or printed name of signing Managing Member/Manager

JONATHAN HOLLANDER