

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000024464
FILED

05 FEB 23 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000024464**

1. Limited Liability Company's Name

NEXT GENERATION Wireless Services LLC

2. Principal Office Address

2771 Monument Rd. 1709 Gormto ROAD

Suite, Apt. #, etc.

STE 36

City & State

Jacksonville, FL

Zip

32225-3524

Country

DUVA1

3. Mailing Office Address

1709 Gormto ROAD

Suite, Apt. #, etc.

275

City & State

Valdosta, GA

Zip

31601

Country

LOWNPES

4. State/Country of Formation

Florida, ORANGE

5. Date Organized or Qualified
To Do Business in Florida

Sept 19, 2002

6. FEI Number

11-36548-55

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI Services INC.

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

2731 EXECUTIVE PARK Drive

Suite, Apt. #, etc.

STE # 4

City

WESTON

State

FL

Zip Code

33331

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

by Lisa Reeves, Assistant Sec
REGISTERED AGENT MUST SIGN

Date **2/17/05**

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	DAVID W. NOBLE	1709 Gormto ROAD #275	Valdosta GA 31601

200047202472
02/24/05--01005--002 **255.00

REINSTATEMENT 2003-2005

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

David W. Noble

Date

2/15/04

Daytime Phone #

407-236-8833

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)