PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV 20 PM 1: 04
DOCUMENT # L030000 44477/			9 4 4 6 6 1 1 1 1 0 t
7795 Suite, Apt. #, SPA City & State	Office Address - W. FLAGLER ST.	Wireless, LLC 3. Mailing Office Address 1457 HA16HT ST Suite, Apt. #, etc. City & State SAN FRANCISCO, CA Zip 94117 USA	CR2E041 (8/05) 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida /// / / 0 3 6. FEI Number 20-0388436 Not Applied For Not Applicable
33 j	144 U.S.A.	94117 USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
Name C N D Y WAN C			
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 AIGN Date //// 06			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Manag	Street Address of Ea ers Managing Member/Ma	
MERM	MICHAEL L	WANE 1457 HAIGHT.	ST SAN FRANCISCO CA 94117
			900082109259 11/28/0601065007 **50.00
•	REINSTATEMENT 2005-06		
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 filling 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 flave 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 Date			
Typed or printed name of signing Managing Member/Manager			