2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# L04000093196

Entity Name: ONE WIRELESS, LLC

Current Principal Place of Business:

99 EGLIN PKWY NE
#38
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

99 EGLIN PKWY NE
#38
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 90-0120821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTENSEN, BRYAN
99 EGLIN PKWY
#38
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRYAN CHRISTENSEN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHRISTENSEN, BRYAN
Address: 99 EGLIN PKWY #38
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM (X) Delete
Name: STURTEVANT, ERIC
Address: 99 EGLIN PKWY #38
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CHRISTENSEN, BRYAN
Address: 99 EGLIN PKWY #38
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRYAN CHRISTENSEN PRES 10/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date