2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 26, 2007
Secretary of State

DOCUMENT# L05000076858

Entity Name: NATION CELLULAR LLC

Current Principal Place of Business:

4220 FOX RIDGE DRIVE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4220 FOX RIDGE DRIVE
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-3899579 **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:

DOUGLAS, NICHOLAS V
4220 FOX RIDGE DRIVE
WESTON, FL 33331 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: NICHOLAS DOUGLAS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	CEO	( ) Delete
Name:	DOUGLAS, VIVIAN C	
Address:	4220 FOX RIDGE DRIVE	
City-St-Zip:	WESTON, FL 33331	
Title:	PRES	( ) Delete
Name:	NATION, DESRINE P	
Address:	1190 6TH STREET N	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	SEC	( ) Delete
Name:	CHIN, RORY W	
Address:	600 N. HIATUS RD., STE. 209	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	CFO	( ) Delete
Name:	DOUGLAS, NICHOLAS V	
Address:	4220 FOX RIDGE DRIVE	
City-St-Zip:	WESTON, FL 33331	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS DOUGLAS CFO 09/26/2007

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