

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -3 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000052129

1. Limited Liability Company's Name

WCC WIRELESS LLC

100142411691
01/29/09--01041--008 **266.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
6991 COLLINS AVE.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA

Zip
33141

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **05-19-2006**

6. FEI Number
760829156

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
TONY MAKHLOUF

Street Address (P.O. Box Number is Not Acceptable)
5077 NW 7TH STREET

Suite, Apt. #, Etc.
604

City
MIAMI

State
FL

Zip Code
33126

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **01/08/09**

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	TONY MAKHLOUF	5077 NW 7TH STREET	MIAMI BEACH, FLORIDA 33126

100138977301
12/12/08--01006--022 **150.00

REINSTATEMENT-07-08-09

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 **01/08/09** Daytime Phone # **305 867 7277**

Typed or printed name of signing Managing Member/Manager

Tony MAKHLOUF

754 422 5431

C.S.