

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000000311

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Entity Name:** ALL CELLULAR S. FL LLC.

**Current Principal Place of Business:**

1543 S. CYPRESS  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 6845 GREENFIELD RD  
100  
DETROIT, MI 48228

**New Mailing Address:**

**FEI Number:** 26-3956273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALI, SADIQ  
1543 S. CYPRESS  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

ALI, MOHAMMAD  
1543 S. CYPRESS  
POMPANO BEACH, FL 33060 US

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: MOHAMMAD ALI

10/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALI, HASSAN  
Address: 1543 S. CYPRESS  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM  
Name: ALI, AHMAD  
Address: 1543 S. CYPRESS  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM  
Name: BAKER, SAMI  
Address: 1543 S. CYPRESS  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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: MOHAMMAD ALI

MGRM

10/25/2010

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