PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L99000004794

1. Limited Liability Company's Name
metro Wireless, LLC

2. Principal Office Address	**3.** Mailing Office Address
2701 North Ocean Dr.	6915 ESSINGTON
Suite, Apt. #, etc. 18-D	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State PHILA. PA
Zip 33308 Country USA	Zip 19153 Country USA

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 8-4-99

6. FEI Number ☐ 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: Charles Arnao

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-12/08/00--01045--005
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 2701 North Ocean Dr.

Suite, Apt. #, Etc.: 18-D

City: Fort Lauderdale State: FL Zip Code: 33308

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 _____ Date 1-8-2000
REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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	Charles Arnao	2701 North Ocean Dr. 18-D	Fort Lauderdale FL 33308

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 11-8-2000 Daytime Phone # 215 365 7500

Typed or printed name of signing Managing Member/Manager CHARLES A. ARNAO