

M00000000343

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC -4 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

174

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000000 343

1. Limited Liability Company's Name
New Cingular Wireless National Accounts, LLC
176

| | | | |
|---|--|---|--|
| 2. Principal Office Address | | 3. Mailing Office Address | |
| 5565 Glenridge Connector Suite, Apt. #, etc. Suite 1725B City & State Atlanta, GA Zip 30342 Country USA | | 5565 Glenridge Connector Suite, Apt. #, etc. Suite 1725B City & State Atlanta, GA Zip 30342 Country USA | |

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
2/22/2000

6. FEI Number
91-2016656
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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301-2515

9. I, being appointed the registered agent of the above named limited liability company, do hereby assent with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Troy Todd* as its agent Date 12/04/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|--|--------------------|
| Mgr. | New Cingular Wireless Services, Inc. | 5565 Glenridge Connector | Atlanta, GA 30342 |
| | | | |
| | | | |
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| | | | |

REINSTATEMENT 2006

400082253324

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.

New Cingular Wireless Services, Inc., Manager

Signature of Managing Member/Manager By: Carolyn J. Wilder, Asst. Secretary Date 11/30/2006 Daytime Phone# 404-236-5550

Typed or printed name of signing Managing Member/Manager New Cingular Wireless Services, Inc. By: Carolyn J. Wilder, Asst. Secretary



CORPORATION SERVICE COMPANY

M 000000000 343

ACCOUNT NO. : 072100000032

REFERENCE : 636939 4386365

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 150.00

ORDER DATE : December 4, 2006

ORDER TIME : 11:09 AM

ORDER NO. : 636939-015

CUSTOMER NO: 4386365

[Handwritten initials]

REINSTATEMENT

NAME: NEW CINGULAR WIRELESS NATIONAL
ACCOUNTS, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC -4 PM 12:51
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____