PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M00000000864

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
02 JAN 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/22

2001-2002

DOCUMENT # M00000000864

1. Limited Liability Company's Name
AMERICOM WIRELESS SERVICES LLC

2. Principal Office Address	**3.** Mailing Office Address
1150 COPPELL DR.	% SOLECTRON CORPORATION
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 100	847 GIBRALTAR DR, BLDG 5
City & State	City & State
COPPELL, TX	MILPITAS, CA
Zip / Country	Zip / Country
75019 / USA	95035 / USA

4. State/Country of Formation: MARYLAND

5. Date Organized or Qualified To Do Business in Florida: 5/3/2000

6. FEI Number: 52-2202699 ☐ 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

900004833569--0
-01/29/02--01031--004
******5.00 ******5.00

Name: CT CORPORATION SYSTEM

900004833569--0
-01/29/02--01031--005
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

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

Signature of Registered Agent: William A. Conde
NASEEM A. CONDE
SPECIAL ASST. SECRETARY
SPECIAL ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date: 1-15-02

CR2E041 (9/01)

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	WILLIAM MITCHELL	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035
MGR	JULIO LEUNG		
MGR	ROBERT AESCHLIMAN		

900004833569--0
-01/29/02--01031--006
****150.00 ****150.00

REINSTATEMENT 2001-2002

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: Robert Aeschliman Date: 1/11/2002 Daytime Phone #: 408-957-8500

Typed or printed name of signing Managing Member/Manager: ROBERT AESCHLIMAN