FLORIDA DEPARTMENT OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

RAMCOMMUNICATIONS GROUP, LLC

02 OCT 29 PM 2: 52

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

				10/00		
2. Principal Office Address 3. Mailing Office Address				10/20	<u> 2002</u>	
5565	Glenridge Connecto		ridge Connector	4. State/Country	y of Formation	- 1
Suite, Apt. #	t, etc.	Suite Apt. #, etc.		DELAWARE / USA 5. Date Organized or Qualified		
City & State		Su / te / 700 City & State		To Do Business in Florida (0/04/00		
AHanta CA		AHanta, GA		6. FEI Number Applied For Not Applied For Not Applied For		
3034	to Country	30342	Country	7. CERTIRCATE C	DESTAUS DESIRED S5.00 A	Additional Fee required Certificate of Status
	···	8. Name and	Address of Current Register	red Agent		
	Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable).						
Suite, Apt. #, Etc.						
	City TALLA	4ASSEE			State Zip Code	,
9 L being o	appointed the registered agent of the abo		·		· -	
Signature of Registered A	Agent Agent	/ Brian	Courtney V. Pres.		Date 0-29-0	2
10. Names	s and Street Addresses of Managing Me	nbers/Managers			<u> </u>	
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MCRM	CINGULARWIR	RLEGS 55	656lenric	ge Com	Atlanta 6	A 30342
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all feets o	that I am managing member/manager of a reinstatement application the reason for owed by the limited liability company have de under oath.					
Signature of Managing Me	ember/Manager Muj Syn	nefeith	Date 10/2	8/02 Days	ime Phone # 404236 ST SEC	55555
Typed or print	ted name of signing Managing Member/	Manager A	MY KEITI	4, As:	ST SEC	





ACCOUNT NO. : 072100000032 REFERENCE : 7-98985 AUTHORIZATION COST LIMIT ORDER DATE: October 29, 2002 ORDER TIME: 10:49 AM ORDER NO. : 798985-010 CUSTOMER NO: 4386365 CUSTOMER: Ms. Kathy Kenny Cingular Wireless Suite 1700

Atlanta, GA 30342 REINSTATEMENT NAME: RAM COMMUNICATIONS GROUP, LLC XX___ REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Heather Powell EXAMINER'S INITIALS