M01000002313

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100144270731

CR2E041 (12/07)

DOCUMENT #

1. Limited Liability Company's Name
Cingular Wireless Employee Services, LLC

04

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1025 Lenox Park Blvd NE | 1025 Lenox Park Blvd NE |
| Suite, Apt. #, etc.: Suite 5D46 | Suite, Apt. #, etc.: Suite 5D46 |
| City & State: Atlanta, GA | City & State: Atlanta, GA |
| Zip: 30319 Country: US | Zip: 30319 Country: US |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10-12-01

6. FEI Number: 37-1417265 ☐ 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

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Sue G. Knight — Sue G. Knight as its agent — Date: 2-23-09
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Manager | AT&T Mobility Corporation | 1025 Lenox Park BLVD NE, Suite 5D46 | Atlanta, GA 30319 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2004 - 2009

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. AT&T Mobility Corporation, its Manager

Signature of Managing Member/Manager: By: Carolyn J. Wilder Date: 2/23/2009 Daytime Phone #: 404 986-1674

Typed or printed name of signing Managing Member/Manager: Carolyn J. Wilder Assistant Secretary

CORPORATION SERVICE COMPANY

M01000002313

ACCOUNT NO. : 072100000032

REFERENCE : 863849 4386365

AUTHORIZATION :

COST LIMIT : $ 832.50

FILED
09 FEB 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 19, 2009

ORDER TIME : 4:03 PM

ORDER NO. : 863849-005

CUSTOMER NO: 4386365

FOREIGN FILINGS

NAME: CINGULAR WIRELESS EMPLOYEE SERVICES, LLC

XXXX REINSTATEMENT (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____