

Division of Corporations

M02000000837

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
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REINSTATEMENT

03-07

LIMITED LIABILITY REINSTATEMENT

VIRGIN MOBILE USA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$356.00

* 355.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10: 38

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

M02-837
VIRGIN MOBILE USA, LLC

REINSTATEMENT
CR22041 (1/07)

03-07

2. Principal Office Address - No P.O. Box # 10 INDEPENDENCE BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 10 INDEPENDENCE BLVD. Suite, Apt. #, etc.	
City & State WARREN, NY		City & State WARREN, NY	
Zip 07059	Country USA	Zip 07059	Country USA

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 94-3410099	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ See instructions on back of form.	

8. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH AVE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

☐ 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 605, F.S.		
Signature of Registered Agent <i>Connie B...</i>	Printed Name of Registered Agent CONNIE B...	Date 6/21/2007

10. Name and Street Address of Managing Members/Managers			
TITLE	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	MGR - DANIEL H. SCHULMAN	10 INDEPENDENCE BLVD.	WARREN, NY 07059
GC	MGR - PETER LURIE	10 INDEPENDENCE BLVD.	WARREN, NY 07059
CFO	MGR - JOHN FEELAN	10 INDEPENDENCE BLVD.	WARREN, NY 07059
COO	MGR - JONATHAN MARSHALL	10 INDEPENDENCE BLVD.	WARREN, NY 07059

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.408, 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 <i>Peter Lurie</i>	Date 6/20/07	Daytime Phone # 908-657-4180
Typed or printed name of signing Managing Member/Manager PETER LURIE - (MANAGER) TO SIGN ON BEHALF OF		