

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04-73			
1. Limited Liability Company's Name Interoperable Technologies LLC			
2. Principal Office Address 600 West Hillisboro Blvd Ste 130 Deerfield FL 33441 USA		3. Mailing Office Address c/o XM Satellite Radio Inc Subs, Apt. #, etc. 1500 Eckington Place NE Washington DC 20002 USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 1/6/2004	
6. FE Number 34-1976534		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ 35.00 Secretary of Fee required for a Certificate of Status			
B. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
City Tallahassee			
State FL		Zip Code 32301	
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 Cave Dol		Date 10-11-05	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
TYPE	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael DeLuca	40 Interoperable Technologies 600 W Hillisboro Blvd, Ste 130	Deerfield Beach FL 33441
MGR	Stellas Patsiokas	c/o XM Satellite Radio Inc 1500 Eckington Place NE	Washington DC 20002
MGR	Joseph Titlebaum	"	"
MGR	Michael Ledford	40 Sirius Satellite Radio Inc 1201 Avenue of the Americas	New York NY 10020
MGR	Patrick Donnelly	"	"
MGR	David Frear	"	"
11. I certify that I am managing member/manager of 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 608.408, 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 <u>Joseph M. Titlebaum</u> Date <u>10-12-05</u> Daytime Phone # <u>202-390-4000</u> Typed or printed name of signing Managing Member/Manager <u>Joseph M. Titlebaum</u>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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