PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 OCT 27 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M98000000277

REINSTATEMENT 2000

1. Limited Liability Company's Name

Omnipoint Communications Services, LLC

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
12920 S.E. 38th st.		Delaware
Suite Apt. #, etc.	Suite Apt. #, etc	5. Date Organized or Qualified To Do Business in Florida: 3/24/98
City & State: Bellevue, WA	City & State	6. FEI Number: 52206412 — Applied For / Not Applicable
Zip: 98006 — Country	Zip — Country	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: 32301-2525

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: Laura R. Dunlap — Laura R. Dunlap as its agent — Date: 10/27/00

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
	see attached		

600003442766--0

DB 10-27-00

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 608.408, 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: [signature] — Date: 10/23/00 — Daytime Phone #: 425 653-4600

Typed or printed name of signing Managing Member/Manager: DAVID A. MILLER

(2)

Omnipoint Communications Services, LLC
a Delaware Limited Liability Company

Sole Member:
Omnipoint MB Holdings II,LLC
12920 S. E. 38th Street
Bellevue, WA. 98006

Officers:

MGRM	John W. Stanton Chairman and Chief Executive Officer	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Donald Guthrie, Director Vice Chairman	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Robert R. Stapleton President	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Cregg B. Baumbaugh, Director Executive Vice President - Finance, Strategy and Development	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGR	Alan R. Bender, Director Executive Vice President, General Counsel and Secretary	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Robert P. Dotson Senior Vice President – Marketing and Sales	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Timothy R. Wong Senior Vice President - Engineering	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Patricia L. Miller Vice President, Controller and Principal Accounting Officer	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	David A. Miller Vice President and Assistant Secretary	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Lauren Venezia Assistant Vice President	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006
MGRM	Lee A. Tostevin Assistant Secretary	3650 131st Avenue SE, Suite 200 Bellevue, WA 98006

(3)

ACCOUNT NO. : 072100000032

REFERENCE : 876690 7156704

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : October 25, 2000

ORDER TIME : 2:08 PM

ORDER NO. : 876690-005

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott
VOICESTREAM CORPORATION
VOICESTREAM CORPORATION
12920 Se 38th Street

Bellevue, WA 98006

DOMESTIC FILING

NAME: OMNIPOINT COMMUNICATIONS SERVICES, LLC

EFFECTIVE DATE:

XX REINSTATEMENT
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 3:08
NOT ACCEPTABLE TO ACCOMPANY SUPPLEMENTARY OFFICE FILING