FILE	No.700	10/19	'00 13:43	ID:CSC	TALLAHASSEE

10/19 '00 13:43 ID:CSC TALLAHASSEE FAX:850 5211010
APPROVED
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

PAGE



Typed or printed name of signing Managing Member/Manager

COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	00 OCT 27 PM 4: 07 SECRETARY OF STATE TABLAHASSEE, FLORIDA					
DOCUMENT # M9800 1mited Liability Company's Name Omnipoint Communication	Lione MB Operations,						
Commission Communica	a a a a a a a a a a a a a a a a a a a	EMSTATEMENT 2000					
2. Principal Office Address	3. Mailing Office Address						
12920 S.E. 38th st		4. State/Country of Formation Delaware					
Sine Apt. #. 610	Suite Apt. #. etc	- Date Organized or Qualified To Do Business in Florida 3/24/98					
City & State	Crty & State	6. FEI Number Applied For					
Bellevue WA		52,206,5811 Not Applicable					
98006 Country	Žip Country	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required tor a Certificate of Status					
	8. Name and Address of Current Regist	ered Agent					
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable), 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State Zip Code 32301-2525							
Signature of Source of Construction of Constru	EGISTERED AGENT MUST SIGN	id accept the obligations of Chapter 608, F.S. R. Dunlap Is agent Date Date					
Titles Managing Members/Managing Members/Managing	Street Address of E						
see affached							
	u Mex	2000034427623					
		JB 2M					
		10-71-0					
11. I certify that I am managing member/manager filing this reinstatement application the reason I all tees owed by the limited liability company has if made under oath. Signature of Manager Managing Mamber/Manager	ave been paid. The information indicated on this applicat	peplication as provided for in chapter 608, F.S. I further certify that when ompany name satisfies the requirements of section 608.406, F.S., and that it is true and accurate, and my signature shall have the same legal effect of the company of th					





ACCOUNT NO. : 07210000032

REFERENCE: 876690

7156704

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: October 25, 2000

ORDER TIME : 2:09 PM

ORDER NO. : 876690-010

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott

VOICESTREAM CORPORATION VOICESTREAM CORPORATION 12920 Se 38th Street

Bellevue, WA 98006

DOMESTIC FILING

NAME:

OMNIPOINT CIMMUNICATIONS MB

OPERATIONS, LLC

EFFECTIVE DATE:

XX REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP			F-m.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	SHI	30 00	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		127 PM	
CONTACT PERSON: Tamara Odom EXAMINER'S INITIALS:	E E	3: 0:	Control of the second