M98000001607

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 DEC -4 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE
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TALLAHASSEE, FLO

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98000001607

1. Limited Liability Company's Name

New Cingular Wireless Asset Management, LLC

06

CR2E041 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
5565 GlenridgeConnector		5565 Glenridge Connector	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1725B		Suite 1725B	
City & State		City & State	
Atlanta, GA		Atlanta, GA	
Zip	Country	Zip	Country
30342	USA	30342	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/29/1998

6. FEI Number: 52-2135784 ☐ 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: 32301-2525

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: Troy Todd as its agent — Date: 12/4/06

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	Cingular Wireless LLC	5565 Glenridge Connector	Atlanta, GA 30342
	REINSTATEMENT 2006		300082253413

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.

Signature of ~~Managing Member~~/Manager: Cingular Wireless LLC, Manager By: Carolyn J. Wilder, Asst Secretary — Date: 11/30/2006 — Daytime Phone #: 404-236-5550

Typed or printed name of signing Managing Member/Manager: Cingular Wireless LLC Manager By: Carolyn J. Wilder, Asst Secretary

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 636939 4386365

AUTHORIZATION :

COST LIMIT : $ 150.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 4, 2006

ORDER TIME : 11:08 AM

ORDER NO. : 636939-010

CUSTOMER NO: 4386365

REINSTATEMENT

NAME: NEW CINGULAR WIRELESS ASSET MANAGEMENT, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC -4 PM 12:51
NOT ACKNOWLEDGED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: TROY TODD #2940

EXAMINER'S INITIALS _____