

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 DEC 22 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

M99-712

GLOBE WIRELESS, LLC

REINSTATEMENT 2000

2. Principal Office Address

550 PILGRIM DR.

Suite, Apt. #, etc.

F

City & State

FOSTER CITY, CA

Zip

94404

Country

USA

3. Mailing Office Address

550 PILGRIM DR

Suite, Apt. #, etc.

F

City & State

FOSTER CITY, CA

Zip

94404

Country

USA

4. State/Country of Formation

DE / USA

5. Date Organized or Qualified
To Do Business in Florida

4/20/99

6. FEI Number

52-2165183

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

526 EAST PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

500003855945-1

-03/16/01--01059--014

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	KEN JONES	550 PILGRIM DR STE F	FOSTER CITY, CA 94404
MGRM	GEORGE TURNER	550 PILGRIM DR. STE F	FOSTER CITY, CA 94404
MGRM	RANDALL BLANK	1370 AVENUE OF THE AMERICAS	NEW YORK, NY 10019
MGRM	CHARLES FABRICANT	1370 AVENUE OF THE AMERICAS	NEW YORK, NY 10019
MGRM	BILL PRIEST	2 EAST 70TH ST	NEW YORK, NY 10021
MGRM	GREG AVIS	499 HAMILTON AVE #200	PALO ALTO, CA 94301

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

Kenneth Jones

Date

12/05/00

Daytime Phone #

650 392-2650

Typed or printed name of signing Managing Member/Manager

KEN JONES

CR2E041 (9/00)