

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M99000001733

1. Limited Liability Company's Name  
Louisiana Unwired, LLC

2. Principal Office Address  
6200 Sprint Parkway

Suite, Apt. #, etc.

City & State

Overland Park, Kansas

Zip

66251

Country

Johnson

3. Mailing Office Address  
6200 Sprint Parkway

Suite, Apt. #, etc.

City & State

Overland Park, Kansas

Zip

66251

Country

Johnson

4. State/Country of Formation

Louisiana

5. Date Organized or Qualified  
To Do Business in Florida

November 2, 1999

6. FEI Number  
72-1407430

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

County  
1-2525

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

*Deborah D. Skipper*

Deborah D. Skipper

Date 9/29/06

REGISTERED AGENT MUST SIGN Asst. V. Pres.

**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	US Unwired Inc.	6200 Sprint Parkway	Overland Park, Kansas 66251

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

*Michael T. Hyde*

Date

9-28-06

Daytime Phone #

913-794-1637

Typed or printed name of signing Managing Member/Manager

Michael T. Hyde, Assistant Secretary of Member, US Unwired Inc.

FILED

2006 SEP 29 P 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700080292287

CR2E041 (8/05)

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2006 SEP 29 P 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

FL

202



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 489547 4360800

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT : \$ 150.00

ORDER DATE : September 28, 2006

ORDER TIME : 9:59 AM

ORDER NO. : 489547-005

CUSTOMER NO: 4360800

REINSTATEMENT

NAME: LOUISIANA UNWIRED, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS \_\_\_\_\_

2006 SEP 29 P 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/10/06  
TALLAHASSEE, FLORIDA

06 SEP 29 AM 10:44

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