PLEASE READ /	ALL INSTRUCT	IONS BEFORE C	OMPLETING	5 I MIS FURIVI.			
CORPORATION REINSTATEMENT	Katheri Secreta DIVISION OF	RTMENT OF STATE Ine Harris ry of State CORPORATIONS	04 JAN 23 AM 10: 54				
DOCUMENT # P0/000 0	SECRETARY OF STATE TALLAHASSEE.FLORIDA						
LAC WIRELI	£55 INC	ORPORATED	M				
2. Principal Office Address 13(17 South U.S.Hux44) Suite, Apt. #, etc.	17 SOUTH U.S. HUY441 P. U. BOX 90206			REINSTATEMENT 03-04			
City & State MCAWOY FL Zip Country	City & State GAINESV Zip	COUNTRY	4. Date Incorporat To Do Business 5. FEI Number 59 - 373 6.	7374	Applied For Not Applical	able	
32667 USA	32607	USA	CERTIFICATE OF		a Certificate of Stati		
ANDREW H. CHRISTIAN, JR. Street Address (P.O. Box Number is Not Acceptable) 13117 SOUTH U.S. HUY HHI 02/05/0401017020 **908.75 Suite, Apt. #, Etc. City MICANOPY State State Zip Code FL 32667							
8. I, being appointed the registered agent of the about Signature of Registered Agent REGISTER REGISTE	obligations of section	Date 1 33 k	<u> </u>				
9. Names and Street Addresses of Each Officer an	d/or Director (Florida non	profit corporations must list at	least 3 directors)				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
PRES ANDREW H.CHRI	ANDREW H.CHRISTIANDR. 13117 SOUTH U.S.			MICANOPY,1	Fh. 3266	7	
SEC/TRE LINDA L CA	RLILE 13	117 SOUTHU:	5. HWY441	CYICA NOPY, I	<u>-13166</u> .	7	
- And - Control							
10. I certify that I am an officer or director or the recthis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my	solution has been eliminat names of individuals liste	ted, the corporate name satisfi ed on this form do not qualify fo	ies the requirements of or an exemption under	f section 607.0401 or 617.04	401, F.S., that all fee	95	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR