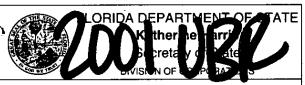
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



P01000001376 **DOCUMENT #** 

1. Corporation Name

L . . .

## **ACI WIRELESS CORPORATION**

Principal Place of Business

2950 POWERS AVE.

Mailing Address

2950 POWERS AVE

FILED

01 OCT 16 AM 9: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



JACKSONVILLE FL 32207			JACKSONVILLE FL 32207				T TRACTORY HA BRIEF HOLL BRIEF BRIEF BOTH BOTH BOTH BRIEF HOLE FOR THE FORD BUILDING			
. If above addresses are incorrect in any way, line through incorrect in					· · · · · · · · · · · · · · · · · · ·					
					ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     12/28/2000		
Suite, Apt	.#, etc.		Suite, Apt#	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State				59 - 36 9 30 2.9 Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
Zip Country			Zip Country			,				
7. Names	and Street Ac	dresses of Each Officer an	d/or Director (Flo	orida nonpro	fit corpora	tions must list at lea	ast 3 directors)			
Title(s)				Street Office				City / State / Zip		
D	SANTOS, MICHAEL G			1157 CREEKS EDGE CT.				PONTE VEDRA BEACH FL 32082		
	,						1	000046582010 -10/30/0101005006		
				:				****150.00 ****150.00		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
DOYLE, WILLIAM E ESQ					Name Michael G. Santos					
2002 SOUTHSIDE BLVD., #201					Street Address (P.O. Box Number is Not Acceptable)					
Jacksonville fl 32216					Suite, Apt. #, Etc.					
						Pont	e Vedro	Beach FL 32082		
10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.										
Signature of Registered Agent								Date		
HEGISTERED AGENT MUST SIGN										
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true, and accurate, and my signature shall have the same-tegal effect as if made under oath.										





October 15, 2001

Florida Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314-6327

Re: 59-3693029

To Whom It May Concern:

Please find enclosed the Application for Reinstatement. Due to the fact that we were incorporated December 28, 2000 we feel we never received the Corporate Annual Report. We have completed the requirements as per your telephone recording and are sending the Reinstatement application along with a check for \$150.00.

Please abate any penalties related to this matter.

Thank you for your assistance.

Michael G. Santos

President

MGS:jes

**NEXTEL**