PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100090050

1. Corporation Name

DISCOVER WIRELESS, INC.

Principal Place of Business

Mailing Address

2904 NW 72 AVE MIAMI FL 33122 2904 NW 72 AVE MIAMI FL 33122 FILED

03 OCT 21 AM 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

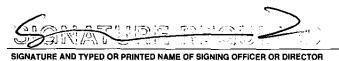


If above addresses are incorrect in any way, line through incorrect information and enter correction below.					v. Ri	REMOTATEMENT 07			
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			4. Date Inco To Do Bu	Date Incorporated or Qualified To Do Business in Florida 09/11/2001			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. FEI Numb	5. FEI Number Applied For			
City & State		City & State				65-1141549	Not A	pplicable-	
Zip	Country	Zip		Country	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional For a Certificate of		
7. Names a	nd Street Addresses of Each Officer and	or Director (Flo	rida nonprof						
Title(s)	Name of Officers and/or Directors		3	Street Address of E Officer and/or Dire		Ci 4	ty / State / Zip		
D	AHMAD, SOURAYA			/ 72 AVE		MIAMI FL 33122			
-			,						
				**** <u>-</u> **	50 10/21	00023966 /03-0105100	SSIDS ***750.00		
"		-							

8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
AHMAD, SOURAYA H 2904 NW 72 AVE MIAMI FL 33122				Name Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.		:.			
						State Zip Code			
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am f	amiliar with and accept th	ne obligations of Se	ction 607.0505, F.S. or 61	7.0505, F.S.		
Signature of Registered A	Agent	EGISTERED AG	ENT MUST	SIGN	·	Date 10/1	4/03		

11.1 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 filing 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 fisted 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 legal effect as if made under oath.

SIGNATURE:



Date Daytime Phone #

CR2E040 (7/0