PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057798

1. Corporation Name
Wirecom Communications Services, Inc.

2. Principal Office Address	3. Mailing Office Address
501 BRICKELL KEY DR.	501 BRICKELL KEY DR.
Suite, Apt. #, etc. # 201	Suite, Apt. #, etc. SUITE 201
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131 Country U.S.A.	Zip 33131 Country USA.

4. Date Incorporated or Qualified To Do Business In Florida 6/26/1998

5. FEI Number 52-2107670 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ROBERT QURESHI

600004602596--5
-09/20/01--01051--012
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 888 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.: UNIT 2802

City: MIAMI State: FL Zip Code: 33131

CR2E061 (9/00)

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert Qureshi
REGISTERED AGENT MUST SIGN

Date: 9/10/01.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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.	ROBERT QURESHI	888 BRICKELL KEY DR. UNIT 2802	MIAMI FL 33131
		REINSTATEMENT	99-01

10. 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 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 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 legal effect as if made under oath.

SIGNATURE: Robert Qureshi (ROBERT QURESHI) 09/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #