
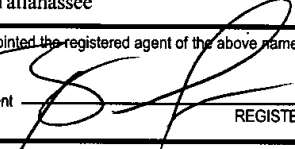
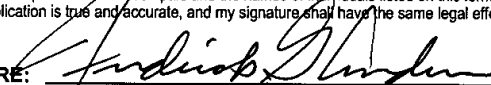


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p99000089041			
1. Corporation Name Weblink Wireless, Inc.			
2. Principal Office Address 3333 Lee Parkway Suite, Apt. #, etc. Suite 100 City & State Dallas Texas Zip Country 75219 Dallas		3. Mailing Office Address 3333 Lee Parkway Suite, Apt. #, etc. Suite 100 City & State Dallas Texas Zip Country 75219 Dallas	
4. Date Incorporated or Qualified To Do Business in Florida 10/08/1999		5. FEI Number 75-2575229 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. 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 Zip Code FL 32301-2525	
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  Brian Courtney as its agent REGISTERED AGENT MUST SIGN Date 12-6-01			
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
D	Fred Anderson	3333 Lee Parkway, Suite 100	Dallas Texas 75219
		C. Coulllette	DEC 06 2001
			400004712144--3
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: 		12-4-01 214-765-4536	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FREDERICK G. ANDERSON		Date Daytime Phone #	