

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000017030

1. Limited Liability Company's Name
ZEUS COMMUNICATIONS SOCIETY LLC

300152392283
04/24/09--01039--004 **293.75
CR2001 (1-008)

2. Principal Office Address - No P.O. Box # <u>263 HERITAGE ISLES WAY</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>263 HERITAGE ISLES WAY</u> Suite, Apt. #, etc.	
City & State <u>BRAEDENTON, FLORIDA</u>		City & State <u>BRAEDENTON, FLORIDA</u>	
Zip <u>34412-9365</u>	Country <u>USA</u>	Zip <u>34412-9365</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>15 FEBRUARY 2006</u>	
6. FEI Number <u>204336199</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
M ELAINE BLODGETT

Street Address (P.O. Box Number is Not Acceptable)
263 HERITAGE ISLES WAY

Suite, Apt. #, Etc.
NA

City
BRAEDENTON

State
FL

Zip Code
34412

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent M Elaine Blodgett Date 4/21/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>M ELAINE BLODGETT</u>	<u>263 HERITAGE ISLES WAY</u>	<u>BRAEDENTON, FLORIDA 34412</u>
<u>MGR</u>	<u>KEITH N BLODGETT</u>	<u>263 HERITAGE ISLES WAY</u>	<u>BRAEDENTON, FLORIDA 34412</u>

REINSTATEMENT 08-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager M Elaine Blodgett Date 4/21/09 Daytime Phone # 352-5526091

Typed or printed name of signing Managing Member/Manager M Elaine Blodgett