

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 10 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00000000067**

1. Limited Liability Company's Name
ezTel Network Services, LLC

000019682620
05/10/04--01055--029 **50.00
000019682620
05/22/03--01003--010 **205.00

2. Principal Office Address 436 Lynchburg Avenue		3. Mailing Office Address 436 Lynchburg Avenue	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State Brookneal, VA		City & State Brookneal, VA	
Zip 24528	Country US	Zip 24528	Country US

4. State/Country of Formation Mississippi, US	
5. Date Organized or Qualified To Do Business in Florida 12/99	
6. FEI Number 52-2206908	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 Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Subs, Apt. #, Etc.	
City Tallahassee	State / Zip Code FL 32301

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: *Cynthia L. Harris* **Cynthia L. Harris as its agent** Date: 11/2/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Patric Boggs	436 Lynchburg Avenue	Brookneal, VA 24528
MGRM	Lamar Adams	436 Lynchburg Avenue	Brookneal, VA 24528
MGRM	James Palmer	436 Lynchburg Avenue	Brookneal, VA 24528
MGRM	Danny Dunnaway	436 Lynchburg Avenue	Brookneal, VA 24528
REINSTATEMENT 2002-2003-2004			

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: *Patric Boggs* Date: 01/09/04 Daytime Phone # 434-376-8943

Typed or printed name of signing Managing Member/Manager: **Patric Boggs**

CRJED4 (03/02)