

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M0000001817



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M0000001817
Name and Mailing Address

0008061 01 FP 0.352 **PRSRT T5 0 0615 55402-183825
NEW ACCESS COMMUNICATIONS LLC
120 SOUTH SIXTH ST., STE. 950
MINNEAPOLIS MN 55402-1838



1/14 2002

2. New Mailing Address 801 Nicollet Mall Suite 350 City, State, Zip MINNEAPOLIS MN 55402		4. State/Country of Formation MN	
Principal Place of Business 120 SOUTH SIXTH ST., STE. 950 MINNEAPOLIS MN 55402		5. Date Organized or Qualified To Do Business in Florida 09/07/2000	
3. New Principal Place of Business Address 801 Nicollet Mall Suite 350 City, State, Zip MINNEAPOLIS MN 55402		6. FEI Number 41-1974247 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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: Date: 1/8/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	CLAY, STEVEN C	120 SOUTH SIXTH ST., STE. 950 801 Nicollet Mall Suite 350	MINNEAPOLIS MN 55402
COO	WILMES, GREG WILMES	120 SOUTH SIXTH ST., STE. 950 801 Nicollet Mall Suite 350	MINNEAPOLIS MN 55402
S	BUSS, DAVID	120 SOUTH SIXTH ST., STE. 950 801 Nicollet Mall Suite 350	MINNEAPOLIS MN 55402

12. 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: Date: 11-8-02 Daytime Phone #: 612-256-0078

CR2E084 (8/02)

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