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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

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

APPROVED
AND
FILED

00 OCT 30 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA8000000855

1. Limited Liability Company's Name

Falcon Cable Communications, LLC

REINSTATEMENT 2000

2. Principal Office Address 12444 Powerscourt Dr.		3. Mailing Office Address 12444 Powerscourt Dr.		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100		5. Date Organized or Qualified To Do Business in Florida 8/6/98	
City & State St. Louis, MO		City & State St. Louis, MO		6. FBI Number 52-2095707	
Country USA		Zip 63131		Country USA	
				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name CorpAmerica, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1525 South Andrews Avenue,	
Suite, Apt. #, Etc. 216	
City Ft. Lauderdale	State FL
Zip Code 33316	

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 See Attached

Date _____

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
MGR	Charter Communications, Inc.	12444 Powerscourt Dr. Suite 100	St. Louis, MO 63131

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 Trudi M. Foushee Date 10/27/00 Daytime Phone # (314) 965-0555

Printed name of signing Managing Member/Manager Trudi M. Foushee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Falcon Cable Communications, LLC

2. The name and the Florida street address of the registered agent and office are:

CorpAmerica, Inc.

(Name)

416 S.E. 15 Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Fort Lauderdale FL 33316

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.,

CorpAmerica, Inc.

(Signature)

By: Melissa A. Chung, Assistant Secretary