

L00000000274

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000274

1. Limited Liability Company's Name

BROADBAND SOLUTIONS, LLC

2011

BK

CR2E041 (1/11)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -3 PM 1:39

2. Principal Office Address - No P.O. Box #

125 Falls Run Road

Suite, Apt. #, etc.

3. Mailing Office Address

125 Falls Run Road

Suite, Apt. #, etc.

City & State

Charleston, WV

City & State

Charleston, WV

Zip

25311

Country

US

Zip

25311

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida 01/04/2000

6. FEI Number

650983243

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN GILLESPIE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2211 E. Sample Road

Suite, Apt. #, Etc.

Suite 203

City

Lighthouse Point

State

FL

Zip Code

33064

E-mail Address:

N8881@YAHOO.COM

(To be used for future annual report notices)

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

John R. Gillespie

Date 11/1/2011

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	SAM SILVERSTEIN, JR.	125 Falls Run Road	Charleston, WV 25311
MGR	GORDON HECHT	2914 Virginia Street	Miami, FL 33133

REINSTATEMENT

2011

BK

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11/03/11--01024--002 **238.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Sam Silverstein, Jr.

Date 11/2/11

Daytime Phone # 304-444-3383

Typed or printed name of signing Managing Member/Manager

Sam Silverstein, Jr.