

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

1. DOCUMENT # L00000004643

Name and Mailing Address

0014432 01 AT 0.292 **AUTO T2 0 0615 34108-823503



RAM NETWORK SERVICES, LLC
803 LAKE VISTA COURT
NAPLES FL 34108-8235

FILED

03 DEC 17 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 803 LAKE VISTA COURT NAPLES FL 34108		5. Date Organized or Qualified To Do Business in Florida 04/21/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3665669	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HEUERMAN, PAUL K 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES FL 31403		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: ROBERT A. MOYER JR Street Address (P.O. Box Number is Not Acceptable) 803 LAKE VISTA CT City: Naples FL Zip Code: 34108	
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: [Signature] NOTAR PUBLIC REQUIRED Date: 12/15/03 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
MGR	MOYER, ROBERT A JR.	803 LAKE VISTA COURT	NAPLES FL 34108
500025563765 12/17/03--01066--007 **155.00			
REINSTATEMENT 2003			
M THOMAS			

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: [Signature] **NOTAR PUBLIC REQUIRED** Date: 12/15/03 Daytime Phone #: 239-514-3585

Typed or printed name of signing Managing Member/Manager