

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

L00000004643

FILED

03 DEC 17 AM 9:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/21/2000	
Principal Place of Business 803 LAKE VISTA COURT NAPLES FL 34108	3. New Principal Place of Business Address	6. FEI Number 59-3665669	Applied For Not Applicable
	City, State, Zip	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 HEUERMAN, PAUL K 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES FL 31403	9. Name and Address of New Registered Agent Name: <u>ROBERT A. MOYER JR</u> Street Address (P.O. Box Number is Not Acceptable): <u>803 LAKE VISTA CT</u> City: <u>Naples</u> FL Zip Code: <u>34108</u>
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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: [Signature] **REGISTERED AGENT MUST SIGN** Date: 12/15/03

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
			<b>REINSTATEMENT</b> <u>2003</u>
			<b>M THOMAS</b>

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] **REGISTERED** Date: 12/15/03 Daytime Phone #: 239-514-3585

Typed or printed name of signing Managing Member/Manager