

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 AM 11:43

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004643

1. Limited Liability Company's Name

RAM Network Services, LLC

100139875491
01/07/09 01029 005 **600.00

CR2E041 (10/08)

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

803 Lake Vista Court

Suite, Apt. #, etc.

3. Mailing Office Address

803 Lake Vista Court

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34108

Country

USA

Zip

34108

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 04/21/2000

6. FEI Number

593685669

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

Robert A. Moyer, Jr.

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

803 Lake Vista Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Robert A. Moyer, Jr.

Date 1-6-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Robert A. Moyer, Jr.	803 Lake Vista Court	Naples, Florida 34108

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01/07/09 01029 005 **600.00

REINSTATEMENT

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.

Signature of Managing Member/Manager

Robert A. Moyer, Jr.

Date 1-6-09

Daytime Phone # 1-239-691-1274

Typed or printed name of signing Managing Member/Manager

ROBERT A MOYER JR