

PLEASE READ AND FOLLOW INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L-00000004820

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 PM 4:14

DOCUMENT # **L-4820**

1. Limited Liability Company's Name

MG Telecom Ventures

2. Principal Office Address

407 S. Royal Palm Way

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

3. Mailing Office Address

407 S. Royal Palm Way

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

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

MICHAEL S. WARD

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

407 S. Royal Palm Way

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

700004749467-2

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******150.00 ****150.00**

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

Michael S. Ward

Date

11-19-01

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
CEO	MICHAEL S. WARD	407 S. Royal Palm Way	TAMPA, FL 33609
			Rm 100
			UBR 50
			150
			np

REINSTATEMENT 2001

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

Michael S. Ward

Date **11/28/01**

Daytime Phone # **813-240-7650**

Typed or printed name of signing Managing Member/Manager