

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L000000006853**

1. Limited Liability Company's Name

UNIFIED TELECOM, LLC
330 WINSTON CREEK PARKWAY
SUITE E
LAKELAND, FL 33810

2. Principal Office Address

330 WINSTON CRK PARKWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Zip

33810

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

7/12/00

6. FEI Number

59-3652460

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

DAVID MLEWEN

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

150 SECOND AVE. NORTH

900004685369-4

-11/16/01--01058--006

Suite, Apt. #, Etc.

SUITE 1500

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

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

[Signature]

Date

10/25/01

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	RICHARD STICKNEY	5717 BUCK RUN DR.	LAKELAND, FL 33811
OFFICER	LYNN STICKNEY	5717 BUCK RUN DR.	LAKELAND, FL 33811

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

[Signature]

Date **10/19/01**

Daytime Phone #

863-688-8886

Type or printed name of signing Managing Member/Manager

LYNN STICKNEY

CR2E041 (9/01)