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Florida Department of State
Division of Corporations
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AL

LIMITED LIABILITY REINSTATEMENT

CENTURY COMMUNICATIONS V.I., LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L0000006953			
1. Limited Liability Company's Name CENTURY COMMUNICATIONS V.I., LLC			
Principal Office Address 3300 University Drive		Mailing Address 3300 University Drive	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		4. State/Country of Formation USA	
City & State Coral Springs, FL		City & State Coral Springs, FL	
5. Date Organized or Qualified To Do Business in Florida 6-14-2000			
Zip 33065	Country USA	Zip 33065	Country USA
4. FEI Number 65-1028064		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gary N. Gerson			
Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.			
Suite, Apt. #, Etc. Suite 1200			
City West Palm Beach		State FL	Zip Code 33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Section 608, F.S.

Signature of Registered Agent: Date: **10/16/01**

REGISTERED AGENT MUST SIGN Gary N. Gerson

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
Member	Neil Eisner	3300 University Drive	Coral Springs, FL 33065
Member	Robert Falcone	3300 University Drive	Coral Springs, FL 33065
Member	Arthur Falcone	3300 University Drive	Coral Springs, FL 33065
Member	Edward Falcone	3300 University Drive	Coral Springs, FL 33065

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 cause 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 Managing Member/Manager: Date: **10/16/01** Daytime Phone #: **954-346-9700**

Typed or printed name of signed Managing Member/Manager: **Arthur Falcone, Member**

Gary N. Gerson, Esq. (FL Bar No. 251771)
Nason, Yeager, Gerson, White & Lioce, P.A.
1645 Palm Beach Lakes Blvd., Suite 1200
West Palm Beach, FL 33418
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