

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 OCT 17 P 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L 000000 10565

**1. Limited Liability Company's Name**

OSPREY COMMUNICATIONS, L.L.C.

CR2E041 (8/05)

**2. Principal Office Address**

1819 MAIN ST.

Suite, Apt. #, etc.

SUITE 106

City & State

SARASOTA

Zip

34236

Country

USA

**3. Mailing Office Address**

305 E. MAIN

Suite, Apt. #, etc.

City & State

BRIGHTON, MICHIGAN

Zip

48116

Country

USA

**4. State/Country of Formation**

Florida

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

09/01/2000

**6. FEI Number**

383552401

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 J. BIBER

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

1819 MAIN ST.

Suite, Apt. #, Etc.

Suite 106

City

SARASOTA

State

FL

Zip Code

34236

**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

*MJ Biber*

Date

10-05-2005

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
Mgr.	MICHAEL J. BIBER	1819 MAIN ST. Suite 106	SARASOTA, FLORIDA 34236
			900061076449 11/01/2005--01055--001 **250.00

**REINSTATEMENT 03-05**

**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

*MJ Biber*

Date 10-05-2005

Daytime Phone #

(941) 365-1819

Typed or printed name of signing Managing Member/Manager

MICHAEL J. BIBER