

L01000001653

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001653

1. Limited Liability Company's Name

INTELLIGENT SWITCHING AND SOFTWARE, LLC

2. Principal Office Address

1020 NW 163 Drive

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33169

Country

USA

3. Mailing Office Address

1020 NW 163 Drive

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33169

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/01/2001

6. FEI Number

651072134

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

TCS Corporate Services, Inc

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

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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]

REGISTERED AGENT MUST SIGN

Date

10/20/02

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
MGRM	Engin Yesil	1020 NW 163 Drive	Miami FL 33169
MGRM	Guven Kivilcim	1020 NW 163 Drive	Miami FL 33169

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

GUVEN KIVILCIM

Date 10.21.2003

Daytime Phone # (305) 914 34 34

Typed or printed name of signing Managing Member/Manager

GUVEN KIVILCIM

REINSTATEMENT *[Signature]*

CR2E041 (10/02)