

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008939

1. Limited Liability Company's Name

Orbis Telecom LLC
Lo 1000008939

100019732791
10/30/03--01015--014 **50.00

100019732791
05/22/03--01013--010 **155.00

2. Principal Office Address

444 Brickell Avenue

3. Mailing Office Address

444 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami Fl

City & State

Miami Fl

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

Dade

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

06/05/2001

6. FEI Number

65-1109805

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

Ricardo A. Tafur

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

15551 SW 144 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Ricardo A. Tafur

REGISTERED AGENT MUST SIGN

Date 04/25/03

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	Ricardo A. Tafur	15551 SW 144 Terrace	Miami Fl 33196

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

Ricardo A. Tafur

Date 04/25/03

Daytime Phone # 305 416 6100

Typed or printed name of signing Managing Member/Manager Ricardo A. Tafur

CR2E041 (10/02)