

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012288

1. Limited Liability Company's Name

Alliance IP Networks, LLC

900022118209
08/06/03--01078--001 **200.00

2. Principal Office Address

15401 SW 50th Lane
Suite, Apt. #, etc.

3. Mailing Office Address

15401 SW 50th Lane
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33185

Country

USA

City & State

Miami, FL

Zip

33185

Country

USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

7/23/2001

6. FEI Number

65-1148526

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

Walter Guevara

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

15401 SW 50th Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

Walter Guevara

REGISTERED AGENT MUST SIGN

Date

8/5/2003

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
Genl Manager	Walter O. Guevara	15401 SW 50th Lane Miami, FL 33185	Miami, FL 33185

REINSTATEMENT 02-03
AL

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

Walter Guevara

Date

08/05/2003

Daytime Phone #

305-480-0430

Typed or printed name of signing Managing Member/Manager

Walter O. Guevara