

LO1000015685

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO1000015685

1. Limited Liability Company's Name

Emerging Networks LLC

2. Principal Office Address

PO Box 22032

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33620

Country

Hillsborough

3. Mailing Office Address

PO Box 22032

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

33620

Country

Hillsborough

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

9/13/2001

6. FEI Number

593-72-3954

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

Christopher Richardson

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

5907 Idle Forest Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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 10/24/02

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
MGR Principal	Christopher Richardson	5907 Idle Forest Lane	Tampa, FL 33614
MGR Principal	Jason Walter	8346 81st Court N	Largo, FL 33677

12/31/02--01074--005 **25.00

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

[Signature]

Date 10/24/02

Daytime Phone # 813-431-1468

Typed or printed name of signing Managing Member/Manager