

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 10 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L01-19355
1. Limited Liability Company's Name
COUPLER COMMUNICATIONS, LLC

2. Principal Office Address - No P.O. Box # 8915 GERANIUM LANE Suite, Apt. #, etc.		3. Mailing Office Address 8915 GERANIUM LANE Suite, Apt. #, etc.	
City & State ZEPHYRHILLS, FLORIDA		City & State ZEPHYRHILLS, FLORIDA	
Zip 33541	Country U.S.A	Zip 33541	Country U.S.A

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 11/09/2001	
6. FEI Number 593754446	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name JAMES EDWARD BROWN		
Street Address (P.O. Box Number is Not Acceptable) 8915 GERANIUM LANE		
Suite, Apt. #, Etc.		
City ZEPHYRHILLS	State FL	Zip Code 33541

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: James E. Brown **JAMES E. BROWN** Date: Aug 7, 2008
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
Prez	JAMES E. BROWN	8915 Geranium Lane	Zephyrhills FL 08711/08-1105-001-33541

REINSTATEMENT 06-08
AK

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: James E. Brown Date: 8-28-08 Daytime Phone #: 813-230-0292
Typed or printed name of signing Managing Member/Manager: **JAMES E. BROWN**