

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -4 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000008753850
11/01/02--01036--002 **150.00

1. DOCUMENT # L01000022716

Name and Mailing Address

0010739 01 FP 0.352 **PRST HO 0 0615 34984-622253
BREAKAWAY COMMUNICATIONS, LLC
2853 S.E. PACE DRIVE
PORT ST. LUCIE FL 34984-6222



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/28/2001	
Principal Place of Business 2853 S.E. PACE DRIVE PORT ST. LUCIE FL 34984	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0581944	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent MORAN, KENNETH J 2853 S.E. PACE DRIVE PORT ST. LUCIE FL 34984		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Kenneth J. Moran</i> Date <i>10/30/02</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>president</i>	<i>Kenneth J Moran</i>	<i>2853 SE Pace Drive</i>	<i>Port St. Lucie, FL 34984</i>

CR2E084 (8/02)

12. 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 *Kenneth J Moran* Date *10/30/02* Daytime Phone # *772-336-7575*

Typed or printed name of signing Managing Member/Manager