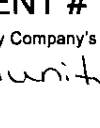

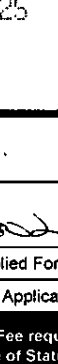


FILED

10 JUN -8 AM 13:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/08/10--01026--001 **521.25

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<p style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">FILED</p> <p style="text-align: left;">10 JUN -8 AM 13:04</p> <p style="text-align: left; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
DOCUMENT # L02000005126			
1. Limited Liability Company's Name <i>Community Cable Services, L.L.C.</i>			
2. Principal Office Address - No P.O. Box # <i>1021 Oak Street</i>		3. Mailing Office Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City and State <i>Jacksonville, FL</i>		City and State 	
Zip <i>322</i>	Country <i>U.S.A.</i>	Zip 	Country
4. State/Country of Formation <i>FL / U.S.A.</i>		5. Date Organized or Qualified To Do Business in Florida <i>2/27/2002</i>	
6. FEI Number <i>010618408</i>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		CR2E041 (05/10)	
8. Name and Address of Current Registered Agent			
Name <i>David Surface</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>1021 Oak Street</i>			
Suite, Apt. #, Etc. 			
City <i>Jacksonville</i>		State <i>FL</i>	Zip Code <i>32204</i>
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 		Date <i>June 7, 2010</i>	
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
	"please see attached List"		
<p style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT 08-10 DB</p>			
11. E-mail Address: _____ (To be used for future annual report notifications)			
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 		Date <i>6/7/2010</i> Daytime Phone # <i>(904) 355-1831</i>	
Typed or printed name of signing Managing Member/Manager <i>David Surface</i>			

Names of Managers

J. Frank Surface, Jr., MGR
1021 Oak Street
Jacksonville, Florida 32204

J. Warren Hughes, MGR
P.O. Box 281
Clearwater, Florida 33757

Michael D. Hyman, MGR
7000 W. Atlantic Avenue
Delray Beach, Florida 33446

Diane Wright, MGR
4100 Dover Road
Richmond, VA 34332

David Surface, MGR
1021 Oak Street
Jacksonville, Florida 32204

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