L02000005628

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Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
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LIMITED LIABILITY REINSTATEMENT

CENTURY COMMUNICATIONS T.L., LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L02000005628

1. Limited Liability Company's Name

Century Communications T.L., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1951 NW 19th Street	1951 NW 19th Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 County US	Zip 33431 County US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Gary N. Gerson, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.: Suite 1200

City: West Palm Beach State: FL Zip Code: 33401

☐ 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 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Century Communications of Florida, Inc.	1951 NW 19th Street, Ste. 200	Boca Raton, FL 33431

REINSTATEMENT 2003 - 2007

11. I certify that I am managing member/manager of the member or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, F.S., and that all taxes 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 12/18/07 Daytime Phone # (561) 961-1864

Typed or printed name of signing Managing Member/Manager _____