

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 16 PM 1:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008153

1. Limited Liability Company's Name

TOTAL ACCESS TELECOM, LLC

200030584332
03/16/04--01106--019 **205.00

2. Principal Office Address

C/O KIMBERLY K JENSEN

Suite, Apt. #, etc.

5024 ELON CRESCENT DR

City & State

LAKELAND, FL

Zip

33810

Country

USA

3. Mailing Office Address

C/O KIMBERLY K JENSEN

Suite, Apt. #, etc.

5024 ELON CRESCENT DR

City & State

LAKELAND, FL

Zip

33810

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/05/2002

6. FEI Number

01-0662845

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

KIMBERLY K JENSEN

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

5024 ELON CRESCENT DR

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

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

Kimberly K Jensen
REGISTERED AGENT MUST SIGN

Date

3-8-04

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
P	KIMBERLY K JENSEN	5024 ELON CRESCENT DR	LAKELAND, FL 33810

REINSTATEMENT

2003-04

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

Kimberly K Jensen

Date

3-8-04

Daytime Phone #

863-662-0085

Typed or printed name of signing Managing Member/Manager

CR2ED41 (10/02)