

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -7 AM 9:14

DOCUMENT #

L02000016879

1. Limited Liability Company's Name

Seamless International Communication, LLC

400055849054

06/07/05--01026--001 **255.00

2. Principal Office Address

1475 W. Cypress Creek Rd

Suite, Apt. #, etc.

Suite 204

City & State

FT. Lauderdale, FL

Zip

33309

Country

United States

3. Mailing Office Address

1475 W. Cypress Creek

Suite, Apt. #, etc.

Suite 204

City & State

FT. Lauderdale, FL

Zip

33309

Country

United States

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

7/03/2002

6. FEI Number

None

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

William R. Heitz, Esq.

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

1475 W. Cypress Creek Rd.

Suite, Apt. #, Etc.

Suite 204

City

FT. Lauderdale

State

FL

Zip Code

33309

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

William R. Heitz, Esq.

Date

3/23/05

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
MM	Fusion Telecommunications International, Inc.	1475 W. Cypress Creek Rd. Ft. Lauderdale	FL. 33309

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

Barbara Hughes

Date

5-19-05

Daytime Phone #

954-331-2422

Typed or printed name of signing Managing Member/Manager

Barbara Hughes

CR2ED-1 (10/02)