

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

**L02000017796**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000017796  
Name and Mailing Address

03 DEC 26 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002341 01 AT 0.292 \*\*AUTO T1 0 0615 32504-718120

UNLIMITED ACCESS, LLC  
5920 A MONA LANE  
PENSACOLA FL 32504-7181



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 5920 A MONA LANE PENSACOLA FL 32504	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 061641807	Applied For Not Applicable
8. Name and Address of Current Registered Agent MANZANET, JOHN 5920 A MONA LANE PENSACOLA FL 32504		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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			

CR2E084 (7/03)

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 [Signature] **SIGNATURE REQUIRED** Date 23 Dec 03

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
MGRM	MANZANET, JOHN	5920 A MONA LANE	PENSACOLA FL 32504

300025776633  
12/26/03--01073--025 \*\*155.00

**REINSTATEMENT 03**

FILED

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 [Signature] **SIGNATURE REQUIRED** Date 23 Dec 03 Daytime Phone # 850-477-3760  
850-232-1160

Typed or printed name of signing Managing Member/Manager