PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 APR 22 AM 7:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000023378

1. Limited Liability Company's Name
Broad Solutions, LLC

4/22

2. Principal Office Address	3. Mailing Office Address
1616 N. Peninsula Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State
Zip: 32169 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/9/02

6. FEI Number: ☒ 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: Ian Payton

200035024572
05/10/04--01089--023 **20.00

Street Address (P.O. Box Number is Not Acceptable): 1616 N. Peninsula Avenue

Suite, Apt. #, Etc.

City: New Smyrna Beach | State: FL | Zip Code: 32169

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: [signature] Date: 4/19/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Mary Pamela Young	1616 N. Peninsula	New Smyrna Beach, Fl 32169
MGRM	Corrie L. Scott	672 Yampa Ave	Craig, Co 81625
			2003
		REINSTATEMENT	2004

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: [signature] Date: 4/15/04 Daytime Phone #: 9708241900

Typed or printed name of signing Managing Member/Manager: Corrie L. Scott