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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

03 DEC 26 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024799

Name and Mailing Address

0009508 01 AT 0.292 \*\*AUTO T5 1 0615 33618-185429



CUSTOMIZE NETWORKS, LLC  
3450 PALANCIA DRIVE, APT #1704  
TAMPA FL 33618-1854



2. New Mailing Address

3450 PALANCIA DRIVE SUIT 1704

City, State, Zip

TAMPA FL 33618

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/23/2002

Principal Place of Business

3450 PALANCIA DRIVE, APT #1704  
TAMPA FL 33618

3. New Principal Place of Business Address

3450 PALANCIA DRIVE

City, State, Zip

SUIT 1704 TAMPA FL 33618

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

MARTIN, LOWELL  
3450 PALANCIA DRIVE, APT #1704  
TAMPA FL 33318

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 REQUIRED**

Date

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
<del>MGRM</del>	<del>MARTIN, LOWELL</del>	<del>P.O. BOX 7382</del>	<del>JACKSONVILLE FL 32207</del>
MGRM	SAMAD, TARIQ	SUIT 3450 PALANCIA DRIVE, APT #1704	TAMPA FL 33618

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12/26/03--01039--012 \*\*155.00

**REINSTATEMENT**

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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 REQUIRED**

Date

12/15/2003

Daytime Phone #

813-966-3500

Typed or printed name of signing Managing Member/Manager

TARIQ SAMAD

CR2E034 (7/03)