

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

04 FEB 13 AM 8:11

LC 02/23/04

DOCUMENT # **L02000025354**

1. Limited Liability Company's Name

Anywhere BROADBAND, LLC

300027311873
01/21/04--01010--026 **200.00

2. Principal Office Address

3000 SW 60 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33314

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

01-0745105

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

JOHN T. LOOS III

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

3000 SW 60 Ave

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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]

REGISTERED AGENT MUST SIGN

Date

1/15/04

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
MEMBER	John T. Loos III	3000 SW 60 Ave	DAVIE FL 33314
MEMBER	Miles FORMAN II	3000 SW 60 Ave	DAVIE FL 33314

REINSTATEMENT 2003-2004

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

1/15/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager