

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -2 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028233

1. Limited Liability Company's Name

HUMMINGBIRD MOBILE ACCESS, LLC.

2. Principal Office Address

524 FERNWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

524 FERNWOOD DRIVE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. State/Country of Formation

FLORIDA / SEMINOLE

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

10/23/2002

6. FEI Number

320038015

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

Roger A. Repstien

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

524 Fernwood Drive

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32701-6336

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**

REGISTERED AGENT MUST SIGN

Date 03/30/04

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
MGRM	Roger A. Repstien	524 Fernwood Drive	Altamonte Springs, FL 32701

REINSTATEMENT

03-04

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**

Date 3/30/04

Daytime Phone # 4078306522

Typed or printed name of signing Managing Member/Manager

Roger A Repstien

CR2E041 (10/02)