

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 OCT 21 A 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E041 (10/08)

**FILED**

**DOCUMENT # L03000038873**

**1. Limited Liability Company's Name**

**Commercial Pay Phones, LLC**

**2. Principal Office Address - No P.O. Box #**

**8510 NW 56 Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33166**

Country

**USA**

**3. Mailing Office Address**

**8510 NW 56 Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33166**

Country

**USA**

**4. State/Country of Formation**

**FL/USA**

**5. Date Organized or Qualified**

To Do Business in Florida **10/10/2003**

**6. FEI Number**

**270073883**

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

**Eugene Kligmann**

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

**8510 NW 56 Street**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33166**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

*Eugene Kligmann*

REGISTERED AGENT MUST SIGN

Date **10/16/2008**

**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	Commercial Pay Phones, Inc.	8510 NW 56 Street	Miami, FL 33166

**REINSTATEMENT 2006-2008**

600137019376  
10/17/08--01044--003 \*\*516.25

**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

*Eugene Kligmann*

Date **10/16/2008**

Daytime Phone # **(305) 716-4910**

Typed or printed name of signing Managing Member/Manager **Eugene Kligmann on behalf of Commercial Pay Phones, Inc.**