

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

08 APR 24 PM 3:30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

CR2E041 (12/07)

DOCUMENT # L 030000 50084

1. Limited Liability Company's Name

U S INTER/COM LLC

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

751 TARRY TOWN TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

Zip

32127

Country

USA

Zip

Country

4. State/Country of Formation

FL/VOLUSIA

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

2003

6. FEI Number

383693277

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

DAVID E. SINGLETON

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

751 TARRY TOWN TRAIL

Suite, Apt. #, Etc.

City

PORT ORANGE,

State

FL

Zip Code

32127

☒ 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**

REGISTERED AGENT MUST SIGN

Date 4/15/08

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	DAVID E. SINGLETON	751 TARRY TOWN TR	PORT ORANGE, FL 32127

REINSTATEMENT

900124382989
04/18/08--01046--027 **560.00

0508

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 4/15/08 **Daytime Phone #** 386-763-0002

Typed or printed name of signing Managing Member/Manager