

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000030219

1. Entity Name
N-TERSECTIONS COMMUNICATIONS GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:44

Principal Place of Business
1159 OCALA ROAD
TALLAHASSEE, FL 32304

Mailing Address
1159 OCALA ROAD
TALLAHASSEE, FL 32304

2. Principal Place of Business
2726-B Via Milano Ave.

3. Mailing Address
P.O. Box 3724

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 REIN-LLC CR2E101 (11/05)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
52-2443500

Applied For
Not Applicable

Zip Country
32303 US

Zip Country
32315 US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREY, LAKEITHA S
1159 OCALA ROAD
TALLAHASSEE, FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)
2726-B Via Milano Ave.

City Tallahassee FL Zip Code 32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* 3/3/2006

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GREY, LAKEITHA S
STREET ADDRESS 1159 OCALA ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☒ Change ☐ Addition
NAME Grey, Lakeitha S.
STREET ADDRESS 2726-B Via Milano Ave.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400069536794
CITY-ST-ZIP 04/05/06--01034--004 **100.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS REINSTATEMENT
CITY-ST-ZIP DS-06

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 3/3/2006 850-391-4243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #