

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 16 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000034693

1. Limited Liability Company's Name

FILLPHONE TELECOM LLC

REINSTATEMENT

CR2E041 (1/07)

2006-07

2. Principal Office Address - No P.O. Box # 1311 BAY TERRACE		3. Mailing Office Address 2641 E. ATLANTIC BLVD	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. 308	
City & State N. BAY VILLAGE, FL		City & State POMPANO BEACH, FL	
Zip 33141	Country US	Zip 33062	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 05/06/2004	
6. FEI Number 201094288	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name FENCON LLC			
Street Address (P.O. Box Number is Not Acceptable) 2641 E. ATLANTIC BLVD.			
Suite, Apt. #, Etc. 308			
City POMPANO BEACH	State FL	Zip Code 33062	

☒ 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.

LS

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 10/8/07

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	PAR WANNMAN	1311 BAY TERRACE	NORTH BAY VILLAGE, FL 33141

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 10/8/07 Daytime Phone # 954-943-1498

Typed or printed name of signing Managing Member/Manager