2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000059732 1. Entity Name VOICE & DATA SOLUTIONS, LLC Principal Place of Business Mailing Address 1400 GANDY BLVD 1400 GANDY BLVD #1004 #1004 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address 0707 66mst المباعا <u>لملكما</u> Suite, Apt. #, etc. 10102005 REIN-LLC CR2E101 (6/04) str 5 Suite 5 Čity & State Applied For City & State 4. FEI Number Fl 9016LN1-109 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIMMERMAN, GLENN A Street Address (P.O. Box Number is Not Acceptable) 1610 GROVE STREET CLEARWATER, FL 33755 Zip Code City 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 register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) =---File ROWIII_FEE IS \$150.00 Make check payable to After January 1, 2006, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE Delete TITLE Kristina coleman COLEMAN, KRISTINA L NAME NAME 118 North Hillcrest Ave 1400 GANDY BLVD #1004 STREET ADDRESS STREET ADDRESS Clearwater FL 33755 CITY-ST-ZIP ST PETERSBURG, FL 33702 CITY-ST-ZIP TITLE MGR TITLE ☐ Addition 🙀 Delete WRIGHT, JENNIFER NAME NAME STREET ADDRESS 1400 GANDY BLVD #1004 STREET ADDRESS ST PETERSBURG, FL 33702 CITY-ST-7iP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP -CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

To Whom It May Concern:

I am sending you my reinstatement for Voice & Data Solutions, LLC. I called in to your office and they informed me that post card notifications are sent to you. I never received any of these – at all. In addition I never received the documents I ordered and paid for the day I filed the LLC? Anyways, most importantly I would like to reinstate the company as soon as possible and if you could please send out a confirmation to: 10707 66th St N #5, Pinellas Park, FL 33782 that would be great – thank you!

Kristina Coleman