

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:41

DOCUMENT # L04000086462

1. Limited Liability Company's Name

TELSOL, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

1200 SOUTH PINELLAS AVENUE

Suite, Apt. #, etc.

Suite #5

City & State

Tarpon Springs, Florida

Zip

34689

Country

US

3. Mailing Office Address

411 Oceanview Avenue

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

US

4. State/Country of Formation

Pinellas County, Florida

5. Date Organized or Qualified
To Do Business in Florida

12/1/04

6. FFI Number

562491697

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

CAROLYN S. KIRK

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

411 Oceanview Avenue

Suite, Apt. #, Etc.

City

Palm Harbor, Florida

State

FL

Zip Code

34683

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

Carolyn S. Kirk
REGISTERED AGENT MUST SIGN

Date June 16, 2006

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	CAROLYN S. KIRK	411 Oceanview Avenue	Palm Harbor, Florida 34683

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

Carolyn S. Kirk

Date June 16, 2006

Daytime Phone # 727 452-7426

Typed or printed name of signing Managing Member/Manager CAROLYN S. KIRK

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REINSTATEMENT 05-06