

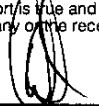


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 10 AM 10:32

<b>DOCUMENT # L04000088468</b> 1. Entity Name PAFB TELECOM, LLC					
Principal Place of Business 641 SHURPIKE RD CHATHAM, NJ 07928				Mailing Address 641 SHURPIKE RD CHATHAM, NJ 07928	
2. Principal Place of Business P.O. Box 255 Suite, Apt. #, etc. 49 IRONIA ROAD City & State MENDHAM NJ Zip 07945		3. Mailing Address P.O. Box 255 Suite, Apt. #, etc. City & State MENDHAM NJ Zip 07945			
01092006 REIN-LLC CR2E101 (11/05)				4. FEI Number 20-2979375	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEDBERG, SHELDON 3038 N. FEDERAL HIGHWAY, SUITE D FT. LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 3038 NORTH FEDERAL HIGHWAY SUITE B City FT. LAUDERDALE FL Zip Code 33306		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GECHTMAN, DANIEL 641 SHURPIKE RD CHATHAM, NJ 07928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GECHTMAN, DANIEL 49 IRONIA ROAD MENDHAM NJ 07945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1/9/2006 973-543 0611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		