
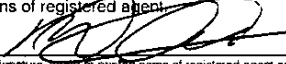



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PH 3: 28

DOCUMENT # L05000011636 1. Entity Name ROLANDO COMMUNICATION SERVICE, LLC					
Principal Place of Business 3405 W. TAMPA BAY BLVD. APT. B TAMPA, FL 33607		Mailing Address 3405 W. TAMPA BAY BLVD. APT. B TAMPA, FL 33607			
2. Principal Place of Business - No P.O. Box # 2604 N Saint Vincent ST Suite, Apt. #, etc.		3. Mailing Address 2604 N Saint Vincent ST Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		10032007 REIN-LLC CR2E101 (1/07)	
Zip 33607 Country USA		Zip 33607 Country USA		4. FEI Number 20-4683096	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABRAHANTE, ROLANDO JR. 3405 W. TAMPA BAY BLVD. TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Rolando Abrahante JR Street Address (P.O. Box Number is Not Acceptable) 2604 N Saint Vincent ST City Tampa FL Zip Code 33607		
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  ROLANDO ABRAHANTE JR 10/04/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHANTE, ROLANDO JR 3405 W TAMPA BAY BLVD APT B TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abrahante Rolando Jr 2604 N Saint Vincent ST Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110470850 10/08/07--01014--019 **5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110470850 10/08/07--01014--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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  ROLANDO ABRAHANTE JR 10/04/07 (813) 477-9523 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT
2007
BLT