PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEAST NEAD ALE INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
COMPANY	DEPARTMENT OF STATE Secretary of State	07 DEC 18 PM 1: 01
DOCUMENT # LD 5000114678 1. Limited Liability Company's Name		
GERARD CABLE SERVICES LLC		300112586023 11/27/0701003011 **150.00
		300 11 2586023 12/27/0701017002 **50.00 CR2E 041 (1/07)
2. Principal Office Address - No P.O. Box # 3. Mailing Of 4626 34 M Ct 1= 4626	0 34 MCLE	4. State/Country of Formation
Suite, Apt. #, etc. N/A Suite, Apt. #, etc.		Florida United States 5. Date Organized or Qualified To Do Business in Florida 11-30-2005
BRadenton FI Brade	nbon, Fl.	6. FEI Number Applied For NONE Not Applicable
34203 Country Zip 34203 U.S. 3420	23 Cóuntry	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Regist	tered Agent	
Name—Tawes Tayveling Street Address (P.O. Box Number is Not Acceptable) 4626 344 CLE Sulte, Apt. #, Etc. City Dan 1 Canada State Zip Code		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.
FL 34203 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 Date 1/-20 - 2007 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manag	ger City / State / Zip
MAR James Tameling	4626 344Ct 12	Bradenton Fl. 34203
27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
11. I certify that I am managing member/manager or the receiver or	trustee empowered to evenue this senti	
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 filling 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 Date Date Date Date Date Date Date		
Typed or printed name of signing Managing Member/Manager James Tameling		