

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000026834

1. Limited Liability Company's Name

Blue Collar Communications, LLC

2. Principal Office Address - No P.O. Box #

9350 Shumard Drive

Suite, Apt. #, etc.

3. Mailing Office Address

9350 Shumard Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

US

City & State

Tallahassee, FL

Zip

32305

Country

US

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

84-1705072

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

Sandra L. Williams

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

9350 Shumard Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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.

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

Sandra L. Williams
REGISTERED AGENT MUST SIGN

Date Oct 19, 2007

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
MEM	Lawrence Williams, Jr.	9350 Shumard Drive	Tallahassee, FL 32305
MEM	Sandra L. Williams	9350 Shumard Drive	Tallahassee, FL 32305

REINSTATEMENT

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

Sandra L. Williams

Date Oct 19, 2007

Daytime Phone # 850-421-2292

Typed or printed name of signing Managing Member/Manager

Sandra L. Williams

FILED

07 OCT 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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