

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 MAY 18 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD060000634 No

1. Limited Liability Company's Name

MUSTANG COMMUNICATIONS, LLC  
W12-241033

CR2E041 (1/11)

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

606 GLADESOL ST.

Suite, Apt. #, etc.

N/A

City & State

MERRITT ISLAND, FL

Zip  
32952

Country

USA

3. Mailing Office Address

P.O. Box 541984

Suite, Apt. #, etc.

N/A

City & State

MERRITT ISLAND, FL

Zip  
32952

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

FEBRUARY 3, 2006

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

300232428003

04/27/12--01039--007 \*\*500.00

300232428003

04/27/12--01039--008 \*\*160.00

mustangcomm@gmail.com  
(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

JOHN J. MCPHELANE

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

10469 98<sup>th</sup> STREET

Suite, Apt. #, Etc.

N/A

City

LARGO

State

FL

Zip Code

33773

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

John J. McPhelan

REGISTERED AGENT MUST SIGN

Date 5/17/2012

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	JOHN J. MCPHELANE	10469 98 <sup>th</sup> STREET	LARGO, FL 33773
MGR	KEITH A. GIERKE	1280 SHARON DRIVE	TITUSVILLE, FL 32796
MGR	CELESTE R. MCPHELANE	10469 98 <sup>th</sup> STREET	LARGO, FL 33773
MGR	JOHN J. MCPHELANE, II	10469 98 <sup>th</sup> STREET	LARGO, FL 33773
MAY 21 2012		REINSTATEMENT 09-12	

11. I certify that I am the 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

John J. McPhelan

Date 5/17/2012

Daytime Phone #

321-474-0909

Typed or printed name of signing Managing Member/Manager