

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000071299

1. Limited Liability Company's Name

B N T TELECOM, LLC

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

1560 CLARK STREET

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

Zip

33755

Country

PINELLAS

3. Mailing Office Address

1560 CLARK STREET

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

Zip

33755

Country

PINELLAS

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JULY 18, 2006

6. FEI Number
20-5201536

☐ 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

CHRISTOPHER A. BABBITT

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

1560 CLARK STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

☐ 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

REGISTERED AGENT MUST SIGN

Date

10/2/08

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
MG RM	CHRISTOPHER A BABBITT	1560 CLARK STREET	CLEARWATER, FL 33755
MG RM	TRINNA M BABBITT	1560 CLARK STREET	CLEARWATER, FL 33755

REINSTATEMENT 07-08 AL

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

Date

10/2/08

Daytime Phone #

727-244-4084

Typed or printed name of signing Managing Member/Manager

Christopher A. Babbitt