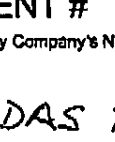
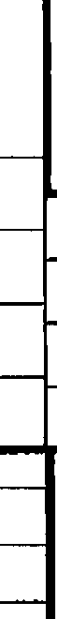



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> FILED 10 MAR -3 AM 8:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # <u>L07000074360</u>					
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">MIDAS TELECOM, LLC</div>					
2. Principal Office Address - No P.O. Box # <u>16026 ROSECROFT TERRACE</u>		3. Mailing Office Address <u>16026 ROSECROFT TERRACE</u>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>DELRAY BEACH</u>		City & State <u>DELRAY BEACH, FL</u>			
Zip <u>33446</u>	Country <u>USA</u>	Zip <u>33446</u>	Country <u>USA</u>		
4. State/Country of Formation <div style="text-align: center;">FLORIDA</div>					
5. Date Organized or Qualified To Do Business in Florida <u>7/18/2007</u>					
6. FEI Number					Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name <u>MARIA GIOVANNI M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>16026 ROSECROFT TERRACE</u> Suite, Apt. #, Etc. City <u>DELRAY BEACH</u> State <u>FL</u> Zip Code <u>33446</u>					
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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent  REGISTERED AGENT MUST SIGN </div> <div> Date <u>03/03/2010</u> </div> </div>					
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	GIOVANNI M. MARRA	16026 ROSECROFT TERRACE	DELRAY BEACH, FL 33446		
			JB		
REINSTATEMENT 2008-10					
11. E-mail Address: <u>UNIVERSALVTELE@ADL.COM</u>					
12. 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 <u>03/03/2010</u> Daytime Phone # <u>561-637-6311</u>					
Typed or printed name of signing Managing Member/Manager <u>GIOVANNI M. MARRA</u>					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

273
FILED
10 MAR -3 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 26, 2010

MIDAS TELECOM, LLC
16026 ROSECROFT TERRACE
DELRAY BEACH, FL 33446

SUBJECT: MIDAS TELECOM, LLC.
Ref. Number: L07000074360

We have received your document for MIDAS TELECOM, LLC. and your check(s) totaling \$421.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

The document must be signed by a member or manager of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 610A00004780

MIDAS Telecom, LLC

FILED
10 MAR -3 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX

Delray Beach, March 3, 2010

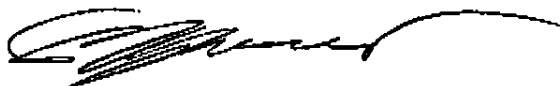
TO: Mr. Joe BROWN
FROM: Mr. Giovanni Mi. MARRA

Dear Mr. Joe Brown

It was nice to speak with you last night by telephone and I highly appreciate your kind assistance. Many thanks.

I herewith re-send you the form as requested. I hope it is correct.

Best regards



Giovanni M. MARRA