

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000092282

1. Limited Liability Company's Name

National Repeater Systems
of Florida, LLC

400171389304
03/08/10--01001--000 **138.75

CR2E041 (11/09)

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

18520 NW 67th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1110 South Avenue

Suite, Apt. #, etc.

Suite 46

City & State

Miami Gardens FL

City & State

Staten Island, NY

Zip

33015

Country

USA

Zip

10314

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/10/07

6. FEI Number

26-0874300

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

Neil Rick

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

18520 NW 67th Avenue

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33015

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/24/10

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
<u>MGRM</u> <u>mem</u>	<u>Neil Rick</u>	<u>55 Nico/osi Dr.</u>	<u>Staten Island, NY 10312</u>
<u>MGRM</u> <u>mem</u>	<u>Bob McGowan</u>	<u>101 Roundhill Rd</u>	<u>Rockaway, NJ 07866</u>

REINSTATEMENT-09-10

400171389304
03/24/10--01001--014 **138.75

11. E-mail Address: neilrick@trscorcommunications.com

(To be used for future annual report notifications)

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

[Signature]

Date 02/24/10

Daytime Phone # 917-626-7755

Typed or printed name of signing Managing Member/Manager

CL