

L09000103537

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000103537

1. Limited Liability Company's Name

**TPRC BROADBAND LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAR 15 PM 4:22

300197766053  
03/15/11--01004--021 \*\*213.75

CR2E041 (1/11)

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

2040 NW 85 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

151 Industrial Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Greensboro, NC

Zip

33024

Country

Broward

Zip

27406

Country

Guilford

4. State/Country of Formation

FL / Broward

5. Date Organized or Qualified  
To Do Business in Florida

1-12-09

6. FEI Number

26-4050065

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  
John Jacobsen

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

2040 NW 85 AVE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

E-mail Address:

300197766053  
03/14/11--01015--008 \*\*25.00

jason@tprcbroadband.com

(To be used for future annual report notices)

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]*

Date 3/11/2011

REGISTERED AGENT MUST SIGN

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
President	John Jacobsen	2040 NW 85 AVE	Pembroke Pines, FL 33024
Vice President	Jason McElvey	5308 Rolling Meadows Dr	Greensboro, NC 27406
	FF \$238.75		
		REINSTATEMENT	
		2011	<i>[Signature]</i>

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. 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

*[Signature]*  
John Jacobsen

Date 3/11/2011

Daytime Phone # 336 285 7497

Typed or printed name of signing Managing Member/Manager