FILED

14 MAY -2 AM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000128132

1. Limited Liability Company's Name
Central Florida Fiber, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1520 e.graves ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City Fl	City & State:
Zip: 32763 Country: USA	Zip: Country:

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 10/08/12

6. FEI Number: 46-3439599 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 2/26/14
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOHN LETTS	1520 E GRAVES AVE	ORANGE CITY FL 32763
	MAY 08 2014		
	SELLERS	REINSTATEMENT 2013-2014	

11. E-mail Address: zeroviz4u@myway.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 2/14/2014 Daytime Phone #: 386-960-4885

Typed or printed name of signing Authorized Representative/Manager: John Letts