

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 25 PM 11:02

*~f*

DOCUMENT # **L95000000417**  
1. Limited Liability Company's Name  
**MARTEL COMMUNICATIONS, L.C.**

2. Principal Office Address **BOCA RATON** 3. Mailing Office Address

**6244 N.W. 21 COURT FLORIDA 33496 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**USA**

Zip

Country

4. State/Country of Formation

**FLORIDA - U.S.A.**

5. Date Organized or Qualified  
To Do Business in Florida

**5/26/95**

6. FEI Number

**#65-0620276**

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 **STEPHEN M. WEISS**

**600003455436-4**

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

**6244 N.W. 21 COURT**

**-11/07/00-01038-006**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

Suite, Apt. #, Etc.

City **BOCA RATON,**

State

**FL**

Zip Code

**33496**

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 **10/23/2000**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip         |
|------------|--------------------------------------|---|----------------------------|
| <b>MEM</b> | <b>STEPHEN M. WEISS</b>              | <b>6244 N.W. 21 COURT</b>                         | <b>BOCA RATON, FLORIDA</b> |
|            |                                      |   |                            |
|            |                                      |   |                            |
|            |                                      |   |                            |
|            |                                      |   |                            |
|            |                                      |   |                            |

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

*[Signature]*

Date **10/23/2000** Daytime Phone # **561-241-9090**

Typed or printed name of signing Managing Member/Manager **STEPHEN M. WEISS**

CR2E041 (9/00)