

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L98000001824

Name and Mailing Address

0008025 01 AT 0.292 **AUTO TO 0 0615 33301-103662



USCOMM, L.L.C.

33 NE 2ND ST

SUITE 212

FT LAUDERDALE FL 33301-1036

200024530312
11/10/03--01009--018 **150.00



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|---|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 09/14/1998 | |
| Principal Place of Business 33 NE 2ND ST SUITE 212 FT LAUDERDALE FL 33301 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 65-0875112 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent WELIN, MITCH 33 NE 2ND ST SUITE 212 FT LAUDERDALE FL 33301 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 10. 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 <u>SIGNATURE REQUIRED</u> Date <u>11-3-03</u> REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | MCCALL KANAHELE, GLORIA S | 1515 S FLAGLER DRIVE #2802 | WEST PALM BEACH FL 33401 |
| MGRM | CUNDY, LINDA M | 5411 S HUDSON PLACE | TULSA OK 74135 |
| MGRM | WELIN, MITCHELL | 5955 NW 53 STREET | CORAL SPRINGS FL 33087 |
| MGRM | FISHER, BROOK E | 224 DATURA STREET, SUITE 910 | WEST PALM BEACH FL 33401 |
| 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 <u>SIGNATURE REQUIRED</u> Date <u>11-3-03</u> Daytime Phone # <u>954-760-9199</u> Typed or printed name of signing Managing Member/Manager <u>Mitch Welin</u> | | | |

CR2E084 (7/03)