

\$355.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 DEC 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000611

1. Limited Liability Company's Name

Skope Splicing & Communications, LLC.

2. Principal Office Address

5205 Porpoise Place

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

5509 Grand Boulevard

Suite, Apt. #, etc.

Suite 300

City & State

New Port Richey, FL

Zip

34652

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

01/29/1999

6. FEI Number

22-3423563

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

Kelly Buttrey

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

5205 Porpoise Place

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

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

REGISTERED AGENT MUST SIGN

Date

12/21/04

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
MGRM	Kelly Buttrey	5205 Porpoise Place	New Port Richey, FL 34652
MGRM	Paul Buttrey	5205 Porpoise Place	New Port Richey, FL 34652

REINSTATEMENT 00-04
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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 608.408, 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

Date

12/21/04

Daytime Phone # 727-847-7938

Typed or printed name of signing Managing Member/Manager

Kelly Buttrey

CR2E041 (10/02)