

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L99000002265**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**08 AUG 15 AM 9:55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**800134665888**  
**08/20/08--01023--003 \*\*1353.75**  
CR2E041 (12/07)

**DOCUMENT #** **L99000002265**

**1. Limited Liability Company's Name**

**RCC Communications Consulting Group, LLC**

**2000**

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

**460 South Lyra Circle**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

**City & State**

**Juno Beach, FL**

**City & State**

**Juno Beach, FL**

**Zip**

**33408**

**Country**

**USA**

**Zip**

**33408**

**Country**

**USA**

**4. State/Country of Formation**

**FL**

**5. Date Organized or Qualified  
To Do Business in Florida**

**4/21/99**

**6. FEI Number**

**65-0956056**

**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**

**David B. Reese**

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

**460 South Lyra Circle**

Suite, Apt. #, Etc.

**City**

**Juno Beach**

**State**

**FL**

**Zip Code**

**33408**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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**

*David B. Reese*

**REGISTERED AGENT MUST SIGN**

**Date**

**8/12/08**

**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	Randall N. Smith	460 South Lyra Circle	Juno Beach, FL 33408
MGRM	Eric B. Sivertsen	460 South Lyra Circle	Juno Beach, FL 33408
MGRM	Denison E. Smith	460 South Lyra Circle	Juno Beach, FL 33408

**REINSTATEMENT 2000-2008**

**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**

*Eric B. Sivertsen*

**Date**

**8/8/08**

**Daytime Phone #** **202-420-7302**

**Typed or printed name of signing Managing Member/Manager**

**Eric B. Sivertsen**