

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

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DOCUMENT # L99000002570

1. Limited Liability Company's Name

United Telecommunications, LLC

2. Principal Office Address

2600 Harborside Dr.

Suite, Apt. #, etc.

City & State

Longboat key, FL

Zip

Country

34228

USA

3. Mailing Office Address

2600 Harborside Dr.

Suite, Apt. #, etc.

City & State

Longboat key, FL

Zip

Country

34228

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

5/4/99

6. FEI Number

65-0924789

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

Craig Rutkai

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

2600 Harborside Dr.

Suite, Apt. #, Etc.

City

Longboat key

State

FL

Zip Code

34228

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

10/24/00

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
Treasurer	Kim Rutkai	2600 Harborside Dr.	Longboat key, FL 34228
President	Craig Rutkai	2600 Harborside Dr.	Longboat key, FL 34228

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

Date

10/24/00

Daytime Phone #

941-387-3184

Typed or printed name of signing Managing Member/Manager