

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

FILED

DOCUMENT #

1. Limited Liability Company's Name

L99-3581  
INSYAC COMMUNICATIONS, LLC

01 OCT 18 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

2445 RIVER TREE CIRCLE

Suite, Apt. #, etc.

City & State

SANFORD

Zip

FL

Country

USA

3. Mailing Office Address

2445 RIVER TREE CIRCLE

Suite, Apt. #, etc.

City & State

SANFORD

Zip

32771

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

6-18-99

6. FEI Number

59-3586002

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

DENNIS N. MCCLELLAN

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

2445 RIVER TREE CIRCLE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

680004649896-4

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\*\*\*\*150.00 \*\*\*\*150.00

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

*Dennis N. McClellan*

REGISTERED AGENT MUST SIGN

Date 10-15-01

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
PRES.	DENNIS MCCLELLAN	2445 RIVER TREE CIRCLE	SANFORD, FL 32771

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

*Dennis N. McClellan*

Date 10-15-01

Daytime Phone # 407-688-1156

Typed or printed name of signing Managing Member/Manager

DENNIS MCCLELLAN