

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2000-2001**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 29 PM 1:32

DOCUMENT # L99-6617

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

WEST MIAMI TELECOM LLC

700004669837--2  
-11/06/01--01030--007  
\*\*\*\*200.00 \*\*\*\*200.00

**2. Principal Office Address**

8750 NW 21st Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country  
USA

**3. Mailing Office Address**

16 E. 48th Street, 5th Floor

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10017

Country  
USA

**4. State/Country of Formation**  
Florida - USA

**5. Date Organized or Qualified  
To Do Business in Florida** 10/99

**6. FEI Number**

☒ Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Bruce Hornstein, Esq.

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

317 - 71st Street

Suite, Apt. #, Etc.

City

Miami Beach,

State

FL

Zip Code

33141

**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

Bruce Hornstein BRUCE HORNSTEIN

Date 10-12-99

REGISTERED AGENT MUST SIGN

**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
MGR	KAMRAN HAKIM	425 E. 61st Street - 5th Fl,	New York, NY 10021

**REINSTATEMENT**

2000-  
2001

**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

Kamran Hakim

Date

10/24/01

Daytime Phone #

(212) 750-8200

Typed or printed name of signing Managing Member/Manager

KAMRAN HAKIM

CR2E041 (9/00)