PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
COMPANY REINSTATEMENT Katherine Harris Secretary of State DVISION OF CORPORTIONS FILLED DOCUMENT # 1. Linded Lability Company's Name L991-7253 OT SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Office Address 3. Mailing Office Address OT TALLAHASSEE, FLORIDA 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. Principal Office Address 3. Mailing Office Address 4. State Company's Name 2. State Age R, etc. State Company's Country of Formation 4. State Company's Country of Formation 2. Country Country Country 7. Country 7. Country 2. Country Country Country 7. Country 7. Country 2. Country Country 7. Country 7. Country 7. Country 2. Country Country 7. Country 7. Country	EFORE COMPLETING THIS FORM.
DOCUMENT# L999-7253 SecretAry OF STATE Southern Fiber, LLC Principal Office Address UHO BOUTFORT Fiber, LLC Suite, Apt. #, otc. Clay & State Pensaccoka, FL Zup Country Clay & State Residence or Status Desined Occurrent Clay & State Clay & State Opensaccold Clay FL State Clay & State Residence or Status Desined BELAPUMBER State Clay & State State State State State State Clay & State State State State State State State	FILED
2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Same Suite, Apt. #, etc. Same Chu & State Same PCASACOA, FL City & State Department Country Country Country State Country State Country Country Country State Country Residence of status designed agent Name and Address of Country State State Country State Country State Country State Country State Country	
City & State City & State 5. Date Organized or Qualified To Do Business in Florida 0-28-99 PANSACOLA, FL Zip Country Applied For Applied For Zip Country Country 6. FEI Number Applied For Applied For Zip Country Country Country 7. Country 7. Country 10. Applied For Applied For Zip Country Country Country 7. Country 7. Country 10. Applied For Applied For Xip Country Country Country 7. Country 7. Country 10. Applied For Xip Country Country Country 7. Country 7. Country 10. Applied For Xip Name and Address of Current Registered Agent BCICICICICIC For Status Desined or Country 7. Country 11/16/01-01058-011 Street Address (PO. Box Number is Not Accentable) -11/16/0101058011 ************************************	4. State/Country of Formation
8. Name and Address of Current Registered Agent Name BELIAN D. Rcece Street Address (PO. Box Number is Not Acceptable) Street Address of Capter 608, F.S. Signature of Registered Agent Date _10/30/01 Name of Managing Members/Managers Titles Name of Managing Members/Managers OS IS FFT. Pickens Rd. Pensac	5. Date Organized or Qualified To Do Business in Florida $0-2.8-99$ 6. FEI Number 59-3(a/27.57) Not Applicable
BPIAN D. Kcece Street Address (PO. Box Number is Not Accentable) HUD BAY Front Parkway Suite, Apt. #, Etc. City PENSACOLA State Zin Code FL Solate Signature of Registered ligent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Managing Members/Managers Titles Name of Managing Members/Managers Titles Name of Managing Members/Managers Titles Name of Managing Members/Managers Persaccelar peach, FL3 Pensacoba Beach, FL3256/1	
PENSACDA FL 3250/ 9. I, being appointed the registered ligent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Date	-9
9. I, being appointed the registered ligent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date	State Zin Code
TitlesName of Managing Members/ManagersStreet Address of Each Managing Member/ManagerCity / State / ZipManaging Members/Managers1056 Ft. Pickens Rd. Pensacola Beach, FL3Pensacola Beach, FL32561	
Managing Members/Managers Managing Member/Manager City/State/Zip Managing Members/Managers Managing Member/Manager City/State/Zip Managing Members/Managers Discharger City/State/Zip	
Manger Drian D. Keece Pensacola Beach, FL3 Pensacola Beach, FL 32561	Member/Manager City / State / Zip
11. I cel tify 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	ed liability company name satisfies the requirements of section 608.406, F.S., and that this application is true and accurate, and my signature shall have the same legal effect
Signature of Managing Member/Manager <u>Brian</u> <u>Reece</u> Typed or printed name of signing Managing Member/Manager <u>Brian</u> <u>Reece</u>	Date [0] <u>30</u> [0] Daytime Phone # <u>050</u> <u>454-1</u> <u>716</u> <u>eece</u>