

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 1:17

DOCUMENT # **L99000007515**

1. Limited Liability Company's Name

United Net Services, LLC
2000 West Commercial Blvd.
Suite 133
Fort Lauderdale, FL 33309 **2/29/00**

2. Principal Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

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

11/08/99

6. FEI Number

65-0960050

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Kevin D. Johnson

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

2000 West Commercial Blvd.

Suite, Apt. #, Etc.

Suite 133

City

Fort Lauderdale

State
FL

Zip Code
33309

600003796906-4

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******205.00 ****205.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/23/01**

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
MGR	One Net Place, Inc.	2000 West Commercial Blvd. Suite 133	Fort Lauderdale, FL 33309

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

[Signature]

Date **2/23/01**

Daytime Phone # **954-938-2092**

Typed or printed name of signing Managing Member/Manager

Kevin D. Johnson