

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*MA0000001061*

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT 12 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *M0000001061*

1. Limited Liability Company's Name

*AMERITEL SERVICES, LLC*

200041818042  
10/12/04--01044--006. \*\*300.00

2. Principal Office Address  
*6689 NW 16<sup>TH</sup> TERR*

3. Mailing Office Address  
*6689 NW 16<sup>TH</sup> TERR*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*FORT LAUDERDALE, FL*

City & State  
*FORT LAUDERDALE, FL*

Zip *33309*

Country *USA*

Zip *33309*

Country *USA*

4. State/Country of Formation  
*DELAWARE*

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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  
*ALAN D. STUPARITZ*

Street Address (P.O. Box Number is Not Acceptable)  
*900 E. ATLANTIC BLVD.*

Suite, Apt. #, Etc.  
*SUITE 17*

City  
*POMPANO BEACH*

State  
*FL*

Zip Code  
*33060*

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  
*Alan D. Stuparitz*

REGISTERED AGENT MUST SIGN

Date *10-7-04*

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
<i>PD</i>	<i>C. LEO SMITH</i>	<i>6689 NW 16<sup>TH</sup> TERR</i>	<i>FORT LAUDERDALE, FL 33309</i>

**REINSTATEMENT** *0001-2004*

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  
*C. Leo Smith*

Date *10-7-04* Daytime Phone # *954-978-9090*

Typed or printed name of signing Managing Member/Manager  
*C. LEO SMITH*

CR2E041 (10/02)