

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 12 PM 1:50

DOCUMENT # M00000001061

1. Limited Liability Company's Name

AMERITEL SERVICES LLC

200097312802
04/18/07--01014--020 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2419 E. Commercial Blvd.

3. Mailing Office Address
2419 E. Commercial Blvd.

Suite, Apt. #, etc.
Suite 305

Suite, Apt. #, etc.
Suite 305

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 06/01/2000

6. FEI Number 65-1033266
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
C. Leo Smith

Street Address (P.O. Box Number is Not Acceptable)
2419 E. Commercial Blvd.

Suite, Apt. #, Etc.
Suite 305

City
Ft. Lauderdale

State
FL

Zip Code
33308

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

C. Leo Smith
REGISTERED AGENT MUST SIGN

Date 04/09/07

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
PD	C. Leo Smith	2419 E. Commercial Blvd.	Ft. Lauderdale, FL 33308
	FF \$150		
	OP 100		

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 04/09/07

Daytime Phone# 954-650-0823

Typed or printed name of signing Managing Member/Manager C. Leo Smith

AMERITEL SERVICES LLC

April 9, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

To Whom It May Concern:

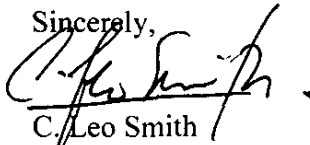
I was asked to attach a letter explaining that we had moved almost two years ago, hence we never received the notices of filing. Please make note of our new address.

Enclosed is a check for \$250.00 (Two Hundred and Fifty Dollars) for the corporation reinstatement fee and to get **AMERITEL SERVICES LLC**. up to date with all its filings.

Should there be something we are missing kindly inform us at the below address and phone number so we can expedite whatever monies or paperwork are required to get us fully up to date with the State of Florida.

In advance, we thank you for your cooperation in reinstating our company.

Sincerely,



C. Leo Smith
President

Address:
2419 East Commercial Blvd.
Ft. Lauderdale, FL 33308
Tel: 954.968.4222
Fax: 954.968.7102