

MO00000001723

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -9 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

First Communications, LLC

MO00000001723

9/28/01

BK

2. Principal Office Address

3340 West Market Street

Suite, Apt. #, etc.

3. Mailing Office Address

3340 West Market Street

Suite, Apt. #, etc.

City & State

Akron, Ohio

City & State

Akron, Ohio

Zip

44333

Country

Summit

Zip

44333

Country

Summit

4. State/Country of Formation

Ohio / Summit

5. Date Organized or Qualified
To Do Business in Florida

July 1, 1998

6. FEI Number

34-1870807

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee FL

State
FL

Zip Code
32301

100026580441

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

Date

1/8/04

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	Joseph R. Morris (VP Corp Ops)	3340 West Market Street	Akron, Ohio 44333
MGR	Marvin Sharpless (CFO)	3340 West Market Street	Akron, Ohio 44333
MGR	Brian Murphy (President)	3340 West Market Street	Akron, Ohio 44333

REINSTATEMENT 2001-2004

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

Date 1/5/04

Daytime Phone # (330) 835-2472

Typed or printed name of signing Managing Member/Manager Joseph R. Morris, Vice President of Corporate Operations

CR2E041 (10/02)



COST LIMIT : \$ ~~250.00~~

FILED
04 JAN -9 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Akron, OH 44333

300.00
B3K
B3

RECEIVED
04 JAN -9 AM 9:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Ellyn Herndon
EXAMINER'S INITIALS