

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

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DOCUMENT # **M000000001962**

1. Limited Liability Company's Name

Gulf Communications, LLC
103 S. Fifth Street
Mebane, NC 27302

2. Principal Office Address

19812 Underwood Road
Suite, Apt. #, etc.

City & State

Foley, Alabama

Zip

36535

Country

US

3. Mailing Office Address

P.O. Box 410

Suite, Apt. #, etc.

108 Millstead Dr, Ste 5

City & State

Mebane, NC

Zip

27302

Country

Alamance

4. State/Country of Formation

Delaware

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

6. FEI Number

56-2156821

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #

City

Plantation

State

FL

Zip Code

33324

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**

REGISTERED AGENT MUST SIGN

Date 11/27/01

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	J. Stephen Vanderwoude	103 S. Fifth Street	Mebane, NC 27302
MGR	Paul Sunu	103 S. Fifth Street	Mebane, NC 27302
MGR	Math Springer	103 S. Fifth Street	Mebane, NC 27302
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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**

JOHN HOGSHIRE

Date 11/29/01

Daytime Phone # 919 563-8395

Typed or printed name of signing Managing Member/Manager

JOHN HOGSHIRE

CR2E041 (9/01)