

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

2001 &
2002

DOCUMENT # M00000002018

1. Limited Liability Company's Name

COMPASS TELECOM SERVICES, LLC

2. Principal Office Address
Two Parkway Center
1800 Parkway Place

Suite, Apt. #, etc.

820

City & State

Marietta, Georgia

Zip

30067

Country

USA

3. Mailing Office Address
Two Parkway Center
1800 Parkway Place

Suite, Apt. #, etc.

820

City & State

Marietta, Georgia

Zip

30067

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida September 26, 2000

6. FEI Number

58-2337680

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

PHILIP WILK

Street Address (P.O. Box Number is Not Acceptable)
16118 Ancroft Court

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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

Philip Wilk

REGISTERED AGENT MUST SIGN

Date

9/11/02

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
Mnggr	J.C. Massey	Two Parkway Center 1800 Parkway Place, Suite 820	Marietta, Georgia 30067
Mnggr	Matt Prather	Two Parkway Center 1800 Parkway Place, Suite 820	Marietta, Georgia 30067

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

Matt Prather

Date 9/9/02

Daytime Phone # 770.701.2513

Typed or printed name of signing Managing Member/Manager

Matt Prather

FILED
OFFICE OF THE SECRETARY OF STATE
SEP 13 PM 4:40
DIVISION OF CORPORATIONS

CR2E041 (9/01)