

M00000002612

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002612

1. Limited Liability Company's Name

Agilon Communications LLC

400021155214

06/26/03--01030--003 **200.00

2. Principal Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 900

City & State

Duluth GA

Zip

30097

Country

USA

3. Mailing Office Address

175 Broad Hollow Road

Suite, Apt. #, etc.

Tax Dept.

City & State

Melville NY

Zip

11747

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/19/2000

6. FEI Number

11-3575049

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

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

Ann Laskowski

Date June 20, 2003

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	Alecco Employment Services Inc	175 Broad Hollow Road	Melville NY 11747

REINSTATEMENT 02-03
dec

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

Harvey Smalheiser

Date

6/19/03

Daytime Phone#

631-844-7800

Typed or printed name of signing Managing Member/Manager

Harvey Smalheiser Vice President

CR2E041 (10/02)