

APPROVE
AND
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1002

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Ford
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 29 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001941

Name and Mailing Address

0017758 01 FP 0.362 **PRERT MS 1 0615 74103

WILLIAMS COMMUNICATIONS MANAGED SERVICES, LLC
ONE TECHNOLOGY CENTER
TULSA OK 74103

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/24/2001	
Principal Place of Business ONE TECHNOLOGY CENTER TULSA OK 74103	3. New Principal Place of Business Address City, State Zip	6. FEI Number 73-1621208	Applied For Not Applicable
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I bring appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.			
Signature of Registered Agent John J. Linneman, REGISTERED AGENT MUST SIGN		Date October 29, 2003	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MDR	JANZEN HO E Jeff K. Storey	ONE TECHNOLOGY CENTER	TULSA OK 74103
MDR	GEORGE W K Ken Kinnear	ONE TECHNOLOGY CENTER	TULSA OK 74103
MDR	BUN W JOHN C JR Mardi Ford de Verges	ONE TECHNOLOGY CENTER	TULSA OK 74103
MDR	SCOTT E Candice L. Cheeseman	ONE TECHNOLOGY CENTER	TULSA OK 74103
12. 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 Candice Cheeseman		Date 10/28/03	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # 918-547-0416	

CP25084 (7/03)

2012

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LIMITED LIABILITY REINSTATEMENT

WILLIAMS COMMUNICATIONS MANAGED SERVICES, LLC

Certificate of Status	0
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