

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000002270

04 AUG -3 AM 9:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M01000002270

**1. Limited Liability Company's Name**

*Adelphia Business Solutions Investment East, LLC*

**2. Principal Office Address**

712 North Main Street

Suite, Apt. #, etc.

City & State

Coudersport, PA

Zip

Country

16915

Potter

**3. Mailing Office Address**

712 North Main Street

Suite, Apt. #, etc.

City & State

Coudersport, PA

Zip

Country

16915

Potter

**4. State/Country of Formation**

Delaware

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

10/3/01

**6. FEI Number**

25-1895664

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 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Lynette Coleman*

**Lynette Coleman  
as its agent**

Date

8/3/04

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
MGRM	Robert Guth	121 Champion Way	Canonsburg, PA. 15317
MGRM	James Means	121 Champion Way	Canonsburg, PA. 15317
MGRM	Edward Babcock	712 North Main Street	Coudersport, PA. 16915

**REINSTATEMENT 2002-2004**

*NYC*

**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

*James E. Means*

Date

6-14-04

Daytime Phone #

724-743-9546

Typed or printed name of signing Managing Member/Manager

*James E. Means, SECRETARY*

CR2E041 (10/02)