

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -3 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000523

1. Limited Liability Company's Name

SKYTEL PAYROLL SERVICES LLC
22001 LOUDOUN COUNTY PARKWAY
TAX DEPT C2-3 512 DOROTHY SLYE
ASHBURN, VA 20147

BK
03

30037670083
06/04/04 01057 004 \$100.00

2. Principal Office Address

22001 LOUDOUN COUNTY PARKWAY

Suite, Apt. #, etc.

C2-3 512

City & State

ASHBURN, VA

Zip

Country

20147

USA

3. Mailing Office Address

22001 LOUDOUN COUNTY PARKWAY

Suite, Apt. #, etc.

C2-3 512

City & State

ASHBURN, VA

Zip

Country

20147

USA

4. State/Country of Formation

DELAWARE/USA

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

2/27/2002

6. FEI Number

52-2299615

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 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Dorothy SLYE - Authorized Representative
REGISTERED AGENT MUST SIGN

Date *2-1-05*

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
MEMBER	SKYTEL CORP.	22001 LOUDOUN COUNTY PARKWAY	ASHBURN, VA 20147

000046291500
02/10/05--01009--005 **105.00
000046291500
02/10/05--01009--006 **50.00

REINSTATEMENT 2003-2005

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

DOUGLAS A. RICHARDS

Date

1/31/05

Daytime Phone # 703 886-4970

Typed or printed name of signing Managing Member/Manager DOUGLAS A. RICHARDS, VP FOR MEMBER SKYTEL CORP