

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 29 PM 5:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** M02000000807
Name and Mailing Address

0017733 01 FP 0.352 **PRSRT H5 1 0615 39208

AMERICAS COMMUNICATIONS, LLC
111 SUITE B PARK CIRCLE
FLOWOOD MS 39208



MJM

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2003

2. New Mailing Address		4. State/Country of Formation MS	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/21/2002	
Principal Place of Business 111 SUITE B PARK CIRCLE FLOWOOD MS 39208	3. New Principal Place of Business Address 113 Park Circle Suite B		6. FEI Number 43-1951347
	City, State, Zip Flowood, MS 39232		6. Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u>Barbara A. Burke</u> SPECIAL ASSISTANT SECRETARY Date <u>10-27-03</u> REGISTERED AGENT MUST SIGN			

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
MGR.	SCP COMMUNICATIONS, INC. MICHAEL E. JOHNSON	111 SUITE B PARK CIRCLE 113 PARK Circle Ste. B	FLOWOOD MS 39208 39232
MGR.	L.C. CHERAMIE	113 Park Circle Ste B	Flowood, MS 39232.
			500024252595 10/29/03--01052--003 **150.00

REINSTATEMENT 2003

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 [Signature] Date 10-24-03 Daytime Phone # 601-936-2196

Typed or printed name of signing Managing Member/Manager Michael E. Johnson