

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 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001796

Name and Mailing Address

0015260 01 MB 0.309 **AUTO T7 0 0615 03801-376099



UNITED INFOXCHANGE, LLC
100 MARKET SQUARE
PORTSMOUTH NH 03801-3760



2. New Mailing Address

City, State, Zip

Principal Place of Business

100 MARKET SQUARE
PORTSMOUTH NH 03801

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

NH

5. Date Organized or Qualified
To Do Business in Florida

07/10/2002

6. FEI Number

02-0529857

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

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)

100024490141

11/06/03--01064--001 **150.00

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/3/03

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
MGRM	DECAPRIO, LOUIS P	100 MARKET SQUARE	PORTSMOUTH NH 03801
MGRM	STANWOOD, TODD	100 MARKET SQUARE	PORTSMOUTH NH 03801
MGRM	STANWOOD, SCOTT	100 MARKET SQUARE	PORTSMOUTH NH 03801

REINSTATEMENT

03
dec

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 REQUIRED

Date 10/30/03

Daytime Phone # 603.334.3600

Typed or printed name of signing Managing Member/Manager