
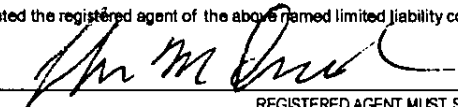
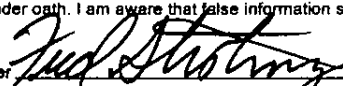


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2010-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000002123			
1. Limited Liability Company's Name Nova Communication Services, LLC			
2. Principal Office Address - No P.O. Box # 638 E Kivett Street Suite, Apt. #, etc.		3. Mailing Office Address PO Box 246 Suite, Apt. #, etc.	
City & State Asheboro NC		City & State Asheboro NC	
Zip 27203	Country USA	Zip 27204	Country USA
4. State/Country of Formation Virginia/USA			
5. Date Organized or Qualified To Do Business in Florida August 14 2002			
6. FEI Number 68-0489006			<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Name John Dennis Street Address (P.O. Box Number is Not Acceptable) Suite, 38250 Collins Ave #1 Apt. #, Etc. City Zephyrhills State FL Zip Code 33542			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 3/19/15 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Fred Strohmeyer	640 E Kivett Street	Asheboro NC 27203
11. E-mail Address: novaservices@triad.twcba.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member  Date 3-19-15 Daytime Phone # 336-626-6682 Typed or printed name of signing authorized representative/member Fred Strohmeyer			