2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2005 OCT 18 PM 4:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003446

1. Entity Name
UCI COMMUNICATIONS LLC

Principal Place of Business	Mailing Address
44 E. CAMPERDOWN WAY GREENVILLE, SC 29601	44 E. CAMPERDOWN WAY GREENVILLE, SC 29601
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10122005 REIN-LLC CR2E101 (6/04)

4. FEI Number: 11-3659541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT 10/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOUSER, SHALER P 44 E. CAMPERDOWN WAY GREENVILLE, SC 29601 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100061247121 11/08/05--01022--003 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 10/11/05 850.259.0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #