PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY  COMPANY  Secretary of State  REINSTATEMENT  DIVISION OF CORPORATIONS				State		Post Control of the C
DOCUMENT # MOHOOOO 1608						
Limited Liability Company's Name						S
Vitel Gommunications LLC						
					CR2E041 (1/14) 05-11	
2. Prindpal Office Address - No P.O. Box # 3. Mailing Office Address						
25 Independence Blvd. 155 Hill					4. State/Country of Formation Delaware 5. Date Organized or Qualified 1 o Do Business in Florida	
Suite, Apt. #. ota. Suite, Apt. #. Suite, 103			etc.			
City & State City & State			CT		4/27/2004 6. FEI Number	Applied For
		Zip	Ilford, CT		20-0815756 Not Applicable	
07059	Somerset	06460		w Haven	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required (or a Cartificate of Status)	
200	8. Name and Addres	of Current Registe	ered Agent			
Name: National Corporate Research, LTD, Inc.					200260769662 06/02/1401001030 **1484.50	
Street Audress (P.O. Box Number is Not Acceptable)						
155 Office Plaza Drive						
Tallahassee			State Zp Code FL 32301			
9. I, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 605, F.S.						
Signature of Registered Agent Collect Malan Date 5/29/2014  REGISTERED AGENT MEDISTRED AGENT MEDIST SIGN						
10. Ņகளசு சரும் Sb	reat Addresses of Authorized	Representatives/Mar	negers			
Titles	Name of Authorized Representatives/ Managerz		Steet Address of Ear Authorized Representa Manager			City / State / Zip
AR	David Jefferson		25 Independence Blvd.,		., Suite 103	Warren, NJ 07059
AR I	Eugene Caldwell		2035 Royal Lane, S		Suite 285	Dallas, TX 75229
, († ) († )					·	
a l						DO260769662 3/1401006004**3,00
\$					——————————————————————————————————————	<del>▗▗┈╶</del> ╅╌╌╣╌╁╫╬╗═ <del>╒╚╏╣╬┈┈╇╬╶┋╸╏╏╏╸╸</del> ┇
·	<del></del>		**************************************	******		
		ila mangang kalang mengang menang di			a interes and an instantion	TONE TO ME TO THE STATE OF THE
11. E-jiwil Address: parn,dimitro@inet-llc.com						
(In the 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 we provided for in Chapter 8n8, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been etiminated, the finited liability company name satisfies the requirements of section 605.0012, F.S., and that efficies owed by the limited liability company have been poid. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.  Signature of  Authorized Representative/Manager  Daytime Phone # 469-522-5190						
Typied or printed name of signing Authorized Representative/Manager Eugene Caldwell B. BOSTICK						

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/2/14

NAME:

VITEL COMMUNICATIONS LLC

TYPE OF FILING: REINSTATEMENT

COST:

3.00 (CHECK FOR \$1484.50 ALREADY SUBMITTED)

RETURN: PLAIN COPY PLEASE







## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2014

FLORIDA FILING & SEARCH SERVICES, INC. VITEL COMMUNICATIONS LLC PAUL HODGE

SUBJECT: VITEL COMMUNICATIONS LLC

Ref. Number: M04000001608

We have received your document for VITEL COMMUNICATIONS LLC and your check(s) totaling \$1484.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$3.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P93000030384.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00011778

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314