

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -8 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR

CR2E041 (8/05)

DOCUMENT # M04000003786

1. Limited Liability Company's Name

CenturyTel Long Distance, LLC

05

2. Principal Office Address

100 CenturyTel Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Monroe LA

Zip

71203

Country

USA

City & State

Zip

71203

Country

4. State/Country of Formation

Louisiana

5. Date Organized or Qualified
To Do Business in Florida

9/13/04

6. FEI Number

800070735

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

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. 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

Connie Bryan

Special Asst. Secretary

Date 12/8/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Karen Puckett	100 CenturyTel Dr Monroe, LA 71203	
MGR	Stacey Golf	"	"
MGR	R. Stewart Ewins, Jr	"	"
MGR	Kay C. Buchart	"	"

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REINSTATEMENT

2005-2006

11. 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

Kay C. Buchart

Date 12/7/06

Daytime Phone # 318-362-1825

Typed or printed name of signing Managing Member/Manager

KAY C. BUCHART