


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
09 AUG -4 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000000640		
1. Entity Name SPOTON NETWORKS FLORIDA CITY NET, LLC		
Principal Place of Business 915 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		Mailing Address 915 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box # 55 CHURCH ST Suite, Apt. #, etc. SUITE 200 City & State NEW HAVEN, CT Zip 06510		3. Mailing Address 55 CHURCH ST Suite, Apt. #, etc. SUITE 200 City & State NEW HAVEN, CT Zip 06510	
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07172009 REIN-LLC CR2E101 (1/07)

4. FEI Number 34-2028979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHEPPS, MITCHELL D 777 SOUTH FLAGLER DRIVE, SUITE 600E C/O SONNENSCHN NATH & ROSENTHAL WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name CHARLES D. BARNETT Street Address (P.O. Box Number is Not Acceptable) 8412 NATIVE DANCER RD City PALM BEACH GARDENS FL Zip Code 33418	
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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 Charles D. Barnett DATE 7/27/09

Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROSPER, A. PAUL 915 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700159077137 07/30/09--01048--001 **\$377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERWIN, RICHARD 55 CHURCH STREET, STE. 200 NEW HAVEN, CT 06510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S. HAWKES AUG 6 2009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REINSTATEMENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 2008-09	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles D. Barnett AUTHORIZED REP 7/27/09 561-622-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #