

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M05000005969

FILED

06 OCT 20 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900081083769

CR2E041 (8/05)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005969

1. Limited Liability Company's Name

Comcast of Florida/Georgia, LLC

AK

2. Principal Office Address

1500 Market Street

Suite, Apt. #, etc.

City & State

Philadelphia, Pennsylvania

Zip

19102

Country

USA

3. Mailing Office Address

1500 Market Street

Suite, Apt. #, etc.

City & State

Philadelphia, Pennsylvania

Zip

19102

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 10/25/2005

6. FEI Number

20-2750751

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

C T Corporation System

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

1200 South Pine Island Road

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

Margaret E. Routzahn

MARGARET E. ROUTZAHN

Date 10/18/06

REGISTERED AGENT MUST SIGN Special Assistant Secretary

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
MGRM	Comcast of Florida/Pennsylvania, L.P.	1500 Market Street	Philadelphia, Pennsylvania 19102

REINSTATEMENT

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

Arthur R. Block

Date 10/18/06

Daytime Phone# (215) 981-7564

Typed or printed name of signing Managing Member/Manager: Arthur R. Block, Sr. VP of Comcast Cable Communications Holdings, Inc., Sole Member of Comcast Cable Holdings, LLC, General Partner of Parnassos Communications, L.P., General Partner of Comcast of Florida/Pennsylvania, L.P.



CORPORATION SERVICE COMPANY

M05000005969

ACCOUNT NO. : 072100000032

REFERENCE : 538163 4355598

AUTHORIZATION : *Sydney Clement*

COST LIMIT : \$150.00

ORDER DATE : October 19, 2006

ORDER TIME : 12:28 PM

ORDER NO. : 538163-005

CUSTOMER NO: 4355598

FILED
06 OCT 20 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ML

REINSTATEMENT

NAME: COMCAST OF FLORIDA/GEORGIA,
LLC

RECEIVED
06 OCT 20 PM 3:03
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____