

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
08 JAN 14 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*

07



01032008 REIN-LLC CR2E101 (1/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                           |                                                            |                                                                                                                                  |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------|
| DOCUMENT # M06000004306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                           |                                                            |                                                                                                                                  |              |
| 1. Entity Name<br>HOMETOWN BROADBAND PALM COAST, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                           |                                                            |                                                                                                                                  |              |
| Principal Place of Business<br>32 NASSAU STREET<br>PRINCETON, NJ 08542                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                           | Mailing Address<br>32 NASSAU STREET<br>PRINCETON, NJ 08542 |                                                                                                                                  |              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                           | 3. Mailing Address                                         |                                                                                                                                  |              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                           | Suite, Apt. #, etc.                                        |                                                                                                                                  |              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                           | City & State                                               |                                                                                                                                  |              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                    | Zip                                       | Country                                                    | 4. FEI Number                                                                                                                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                           |                                                            | Applied For<br>Not Applicable                                                                                                    |              |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                           |                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br>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 <u>Cynthia L. Harris</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | Cynthia L. Harris<br>Asst. Vice President |                                                            | DATE <u>1/14/08</u>                                                                                                              |              |
| FILE NOW!! FEE IS \$377.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | <i>BK</i>                                 |                                                            | Make check payable to<br>Florida Department of State                                                                             |              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                           |                                                            | 10. ADDITIONS/CHANGES                                                                                                            |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>HOMETOWN BROADBAND, LLC<br>32 NASSAU STREET<br>PRINCETON, NJ 08542 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                | 700115015517 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>[Signature]</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                           |                                                            | Date <u>1-14-08</u> Daytime Phone # <u>440-247-7501</u>                                                                          |              |

REINSTATEMENT 2007-2008



CORPORATION SERVICE COMPANY

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RECEIVED  
02 JAN 14 AM 10:48  
DIVISION OF CORPORATE  
REGISTRATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 375913 7466653

AUTHORIZATION

*[Signature]*

COST LIMIT \$ 377.50

ORDER DATE : December 24, 2007

ORDER TIME : 8:14 AM

ORDER NO. : 375913-030

CUSTOMER NO: 7466653

FILED  
08 JAN 14 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

REINSTATEMENT

NAME: HOMETOWN BROADBAND PALM COAST,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS \_\_\_\_\_