Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shirley@lycatel.com

LIMITED LIABILITY REINSTATEMENT

LYCA TEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	$238.75

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006620

1. Limited Liability Company's Name

Lyca Tel, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
570 BROAD ST STE 301	570 BROAD ST STE 301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWARK, NJ	City & State: NEWARK, NJ
Zip: 07102 Country: USA	Zip: 07102 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/29/2006

6. FEI Number: 770604247 ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City: Palm Beach Gardens State: FL Zip Code: 33410

E-mail Address: shirley@lycatel.com
(To be used for future annual report notices)

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 Diana Urrego, Special Secretary Date 10/5/11
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	NITHIYANANTHAS, VALLIPURAM	570 BROAD ST STE 301	NEWARK NJ 07102

REINSTATEMENT

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 10/5/2011 Daytime Phone # 5612048107

Typed or printed name of signing Managing Member/Manager NITHIYANANTHAS, VALLIPURAM, MGR, by Diana Urrego as attorney-in-fact