

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #M06000007082

1. Limited Liability Company's Name
KIOSK INTERNET SERVICE, L.L.C.

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FILED
09 JAN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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01/15/09--01017--009 **416.25
CR2E041 (8/05)

2. Principal Office Address 6040 LAKEHURST RD. Suite, Apt. #, etc. SUITE 1132 City & State ORLANDO, FL Zip 32819		3. Mailing Office Address 17632 MYRTLEWOOD DR. Suite, Apt. #, etc. City & State CHESTERFIELD, MO Zip 63005	
Country US	Country US		

4. State/Country of Formation MISSOURI	
5. Date Organized or Qualified To Do Business in Florida 12/18/2006	
6. FEI Number 74-3192944	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name TIMOTHY FINNEY	
Street Address (P.O. Box Number is Not Acceptable) 6040 LAKEHURST RD. SUITE 1132	
Suite, Apt. #, Etc.	
City ORLANDO, FL	State FL
Zip Code 32819	

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 *Timothy Finney* Date *1/13/09*

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	TIMOTHY FINNEY	17632 MYRTLEWOOD DR.	CHESTERFIELD, MO 63005

REINSTATEMENT 2007-2009

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 *Timothy Finney* Date *1/13/09* Daytime Phone # *800-508-7197*

Typed or printed name of signing Managing Member/Manager **TIMOTHY FINNEY, MANAGER**

MO6000007082

DATE: 1/13/2009

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: KIOSK INTERNET SERVICE, L.L.C.
TIMOTHY FINNEY


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2007.

PLEASE FILE OUR REINSTATEMENT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 1-800-508-7197.

THANKS,


KIOSK INTERNET SERVICE, L.L.C.
TIMOTHY FINNEY

