M96000060089

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # m96-01

1. Limited Liability Company's Name

TeleKey, L.L.C.

2. Principal Office Address	3. Mailing Office Address
229 Peachtree Street	229 Peachtree Street
Suite, Apt. #, etc.: Suite 1104	Suite, Apt. #, etc.: Suite 1104
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30303 Country:	Zip: 30303 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 1-5-96

6. FEI Number: 58-2180889 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL Zip Code: 32301

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****225.00 ****200.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E041 (8/99)

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
	SEE ATTACHED ADDENDUM		

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00 APR -6 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ Date 2/29/00 Daytime Phone # (404) 577-3888

Typed or printed name of signing Managing Member/Manager: Sanford H. Levings, Jr.

Attachment 2 of 2

TeleKey, L.L.C.

Managers List

Harold M. Solomon
229 Peachtree Street
Suite 1104
Atlanta, GA 30303

David J. McDaniel
229 Peachtree Street
Suite 1104
Atlanta, GA 30303

Sanford H. Levings, Jr.
229 Peachtree Street
Suite 1104
Atlanta, GA 30303

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00 APR 16 AM 9:08
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TALLAHASSEE, FLORIDA