

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Tallahassee, Florida
Secretary of State

FILED

00 DEC 11 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M99000000538

DOCUMENT # M99000000538

1. Limited Liability Company's Name

Vista Broadband Communications, LLC

2. Principal Office Address 12444
Powerscourt Dr.

3. Mailing Office Address 12444
Powerscourt Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

St. Louis, MO

St. Louis, MO

Zip

Country

Zip

Country

63131

USA

63131

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

4/9/99

6. FEI Number

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

CorpAmerica, Inc.

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

1525 South Andrews Ave.

Suite, Apt. #, Etc.

-216

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

Aimee L. Baysinger, Assistant Secretary, CorpAmerica, Inc.

Date

12/10/2000

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	Charter Communications, LLC	12444 Powerscourt Dr., Ste. 100 St. Louis, MO 63131	

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

Mary L. Liffon

Date 11/28/00

Daytime Phone # (314) 965-0555

Typed or printed name of signing Managing Member/Manager

Mary Liffon

CR2E041 (9/00)

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
✓ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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