

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED AND FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # M99000000600

1. Limited Liability Company's Name *Mega Communications of
St. Petersburg, L.L.C.
Tampa, FL 33607*

2. Principal Office Address 3. Mailing Office Address

1915 N. Dale Mabry Hwy. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 200

City & State City & State

Tampa FL

Zip Country Zip Country

33607 USA

REINSTATEMENT 2000

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida *4-22-99*

6. FEI Number *22-3620084* 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 *Corporation Service Company*
Street Address (P.O. Box Number is Not Acceptable) *1201 Hays Street*
Suite, Apt. #, Etc.
City *Tallahassee* State *FL* Zip Code *32301*

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 *BRIAN COURTNEY, ASST. V.P.* Date *10/18/2000*

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
<i>mym</i>	<i>Joshua Mednick</i>	<i>1915 N. Dale Mabry Hwy Tampa, FL 33607</i>	

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 *[Signature]* Date *10/13/00* Daytime Phone # *813-871-1819*

Typed or printed name of signing Managing Member/Manager

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 867243 4327451

AUTHORIZATION :

COST LIMIT : \$

Petunia Papp

ORDER DATE : October 18, 2000

ORDER TIME : 10:03 AM

ORDER NO. : 867243-010

CUSTOMER NO: 4327451

CUSTOMER: Brian Malady, Esq
FLEISCHMAN AND WALSH, L.L.P.
FLEISCHMAN AND WALSH, L.L.P.
1400 Sixteenth Street, N.W.

Washington, DC 20036

00 OCT 18 PM 12:46 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION
OCT 18 AM 11:23

APPROVED
AND
FILED

REINSTATEMENT LLC

NAME: MEGA COMMUNICATIONS OF ST.
PETERSBURG, L.L.C.

EFFECTIVE DATE:

XXX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: _____

*Client is in a closing.
If there is any
way to get these
back today, I
would really
appreciate it.*

*Thanks
Andrea*