

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 199000001173

1. Limited Liability Company's Name

Charter Communications, LLC, d/b/a Charter Cable, LLC

REINSTATEMENT 2000

2. Principal Office Address

12444 Powerscourt Dr.

Suite, Apt. #, etc.

100

City & State

St. Louis, MO

Zip
63131

Country
USA

3. Mailing Office Address

12444 Powerscourt Dr.

Suite, Apt. #, etc.

100

City & State

St. Louis, MO

Zip
63131

Country
USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

7/21/99

6. FEI Number
43-1659860

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 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)

416 S.E. 15 Street

Suite, Apt. #, Etc.

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.

CorpAmerica, Inc.

Signature of
Registered Agent

By: Melissa A. Chung, Assistant Secretary

Date October 31, 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, Inc.	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

Date 10-30-00 Daytime Phone # (314) 965-0555

Typed or printed name of signing Managing Member/Manager Marcy Lifton