

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 NOV 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001488

1. Limited Liability Company's Name

Lucent Consumer Communications, LLC

REINSTATEMENT 2000

2. Principal Office Address

475 South St.

Suite, Apt. #, etc.

3. Mailing Office Address

800 North Point Pkwy

Suite, Apt. #, etc.

Rm. 83N350A

City & State

Morris town, NJ

City & State

Alpharetta, GA

Zip

07962

Country

USA

Zip

30005

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized/Qualified
To Do Business in Florida

8/22/1997

6. FEI Number

22-3536 332

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 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 Hayes St.

Suite, Apt. #, Etc.

100003491641-0

12/08/00-01041-020

150.00-150.00

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

Susan Rosenthal, authorized Rep

Date

11/14/00

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

Please see attached list of Managers

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

Nancy Scott

Date

11/13/2000

Daytime Phone #

770-750-2747

Typed or printed name of signing Managing Member/Manager

Nancy Scott

CR2E041 (9/99)

(2)

LUCENT CONSUMER COMMUNICATIONS, LLC

John M. Gumersell	President 535 Mountain Ave. New Providence, NJ 07974
Stanley M. Hartstein	Vice President and CFO 535 Mountain Ave. New Providence, NJ 07974
Douglass P. Hotchkiss	Vice President and Treasurer 800 North Point Parkway Alpharetta, GA 30005
Michael J. Holliday	Vice President 600-700 Mountain Ave. Murray Hill, NJ 07974-0636
Sharon T. Jacobson	Vice President and Assistant Secretary 600-700 Mountain Ave. Murray Hill, NJ 07974-0636
Kathleen Sabia-Cahill	Assistant Treasurer 600-700 Mountain Ave. Murray Hill, NJ 07974-0636
Janet O'Rourke	Assistant Secretary 600-700 Mountain Ave. Murray Hill, NJ 07974-0636
Wayne Eggert	Assistant Secretary 475 South St. Morristown, NJ 07962-1976
Robert Staszak	Assistant Secretary 475 South St. Morristown, NJ 07962-1976
Mark Cain	Assistant Secretary 475 South St. Morristown, NJ 07962-1976
Nancy Scott	Assistant Secretary 800 North Point Parkway Alpharetta, GA 30005
Douglas Krey	Assistant Secretary 800 North Point Parkway Alpharetta, GA 30005