


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 11 AM 9:01

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>L02000034132</u>					
1. Limited Liability Company's Name <u>Penetron Search - Tampa LLC</u>					
2. Principal Office Address <u>401 East Jackson St</u> Suite, Apt. #, etc. <u>Suite # 1430</u> City & State <u>Tampa FL</u> Zip <u>33602</u> Country <u>US</u>		3. Mailing Office Address <u>401 East Jackson St</u> Suite, Apt. #, etc. <u>Suite # 1430</u> City & State <u>Tampa FL</u> Zip <u>33602</u> Country <u>US</u>		4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/03</u>					
6. FEI Number <u>45-0486163</u>				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE 900 Series Application Form for a list of available certificates of status.</small>					

**8. Name and Address of Current Registered Agent**

Name Dan Smith

Street Address (P.O. Box Number is Not Accepted) 401 East Jackson St

Suite, Apt. #, Etc. Suite # 1430

City Tampa FL State FL Zip Code 33602

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 Dan Smith Date 6/11/04

**REGISTERED AGENT MUST SIGN**

**10. Names and Street Addresses of Managing Members/Managers**

TITLE	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Gen. Mgr	Dan Smith	401 E. Jackson St	Tampa, FL 33602
SUP	Gray Suskin	1325 Rt # 206 suite #30	Skillman, NJ 08558
Pres.	David Campos	1325 Rt # 206 suite #30	Skillman, NJ 08558

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 600.408, 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 Dan Smith Date 6/11/04 Daytime Phone # 813-224-0550

Typed or printed name of signing Managing Member/Manager Dan Smith

**REINSTATEMENT** 03-04

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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

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