PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY DIVISION OF CORPORATIONS							FILED 2009 JUN 25 AM 8: 55		
DOCUMENT # L05000092907 1. Limited Liability Company's Name F2 Technologies LLC							06/25/	ETARY OF STATE HASSES BURDO 03 /0301006002 **13 O156951303 901038027 **41	18. /S
· · · · · · · · · · · · · · · · · · ·				Office Address			CR2E041 (10/08)		
Suite, Apt. 4		SAME Suite, Apt. #.	Suite, Apt. #, etc.			4. State/Country of Formation Florida			
Quito, rips	r, ow.	Outo, ripu	то, г.р.с. ж, ото.			5. Date Organized or Qualified To Do Business in Florida 9/21/02005			
City & State Wilmingt	ton, North	City & State	Dity & State			Applied For 20-3705828			
Zip 28411	Country USA		Zip	c	Country		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
		8. Name and Address of	Current Regis	stered Agent					
William Brown								reinstatement fee is impos	
Street Address (P.O. Box Number is Not Acceptable) 106 W Stanley							in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
Quito ant # Ftr									
Citv Tampa		State Zin Code 33604			reinstatement be waived.				
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 WULL BOWN Date Date Date Date Date Date Date Date									
10. Name	as and Street /	Addresses of Managing Mem	nbers/Managers	i T					
Titles	Titles Name of Managing Members/Managers				Street Address of Each Managing Member/Manager			City / State / Zip	
MGRM	Barry Foo	2705 Middle Sound Loop Road			oad	Wilmington, NC 28411			
MGRM	Charles F	6018 Empire Lakes Court				Haymarket, VA 20169			
MGRM:	Ronald D	7209 International Drive				Orlando, FL 32819			
MGRM	WILLIAM	106 W Stanley				Tampa, FL 33604			
MGRM	Stephen I	4725 Rock Springs Road				Arlington, VA 22207			
REINSTATEMENT 06-09									
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 5/28/09 Daytime Phone # 910.68/1.12/6									
managing M	nember/Manag	Jer - 675 - 174				Date_ J/	20/0/0	aytime Phone# 770000	