PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000004935

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

02 SEP 27 AM 9: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/20/02--01058--012
****205.00   ****205.00

DOCUMENT # L99000004935

1. Limited Liability Company's Name

Orbital Group, LLC

2. Principal Office Address	**3.** Mailing Office Address	
9446 Dunlossin Road	9446 Dunlossin Road	**4.** State/Country of Formation: Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida: 8-9-1999
City & State: Ellicott City MD.21042	City & State: Ellicott City MD.21042	**6.** FEI Number: 65-0945872 — Applied For / Not Applicable
Zip: 21042 Country: USA	Zip: 21042 Country: USA	**7.** CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Monica Uribe

Street Address (P.O. Box Number is Not Acceptable): 2127 SW 16 Ter

Suite, Apt. #, Etc.

City: MIAMI	State: FL	Zip Code: 33145

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 _[signature]_

REGISTERED AGENT MUST SIGN

Date 8/21/02

CR2E041 (9/01)

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
VP marketing	Monica Uribe, Mgrm	2127 SW 16 Ter	MIAMI, FLORIDA 33145
corp counsel	Harvey Kesner, Mgrm	65 Mayhew Drive	South Orange New Jersey, 07079

REINSTATEMENT 01-02
OUSTC

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 9/21/02   Daytime Phone # 305 608 6936

Typed or printed name of signing Managing Member/Manager   Monica Uribe, Mgrm