


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 01 NOV -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT #</b> L-1467																																	
<b>1. Limited Liability Company's Name</b> ESS. Com, LLC																																	
<b>2. Principal Office Address</b> 300 W. Pratt St. Suite, Apt. #, etc. Suite 425 City & State Baltimore Md		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State		<b>REINSTATEMENT 2001</b>																													
Zip 21201		Country USA		<b>4. State/Country of Formation</b> Florida USA <b>5. Date Organized or Qualified To Do Business in Florida</b> 2/1/2000 <b>6. FEI Number</b> 52-2221295 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$500 Additional Fee required for a Certificate of Status</b>																													
<b>8. Name and Address of Current Registered Agent</b>																																	
Name William R. Heitz P.A. Street Address (P.O. Box Number is Not Acceptable) 1801 S. Federal Highway Suite, Apt. #, Etc. Suite 237 City Delray Beach State FL Zip Code 33483																																	
<b>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.</b> Signature of Registered Agent William R. Heitz Date 10/18/01 REGISTERED AGENT MUST SIGN																																	
<b>10. Names and Street Addresses of Managing Members/Managers</b>																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>mgr</td><td>SCD+1</td><td>1707 Westminster Way</td><td>Annapolis Md 21401</td></tr><tr><td>mgr</td><td>JMC Technologies</td><td>7012 Glorious Light Place</td><td>Columbia Md 21044</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	mgr	SCD+1	1707 Westminster Way	Annapolis Md 21401	mgr	JMC Technologies	7012 Glorious Light Place	Columbia Md 21044																
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<b>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.</b> Signature of Managing Member/Manager William R. Heitz Date 10/18/01 Daytime Phone # 410-539-6070 Typed or printed name of signing Managing Member/Manager																																	

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