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REINSTATEMENT DOCUMENT # L00000002310 1. Liviles Liability Company's Name NOVORTS TECHNOLOGIES, LLC REINSTATEMENT 200 2-2003 2. Principal Office Address 2340 S. N. 32nd Place 3. Mailing Office Address 2340 S. N. 32nd Place 3. Mailing Office Address 2340 S. N. 32nd Place 3. State 6 Suite, Apr. F. etc. Suite 6 Suite, Apr. F. etc. Suite 6 Suite Address of Country Gainesville FL Gainesville FL Gainesville FL Gainesville FL Gainesville FL Suite Address of Country USA 7. CENTRY OF STATE STATE STATE 8. Name and Address of Country WSA 7. CENTRY OF STATE STATE 8. Name and Address of Country Registered Agant 1. Leeling appointed the registered agenc of the state of State		LUBILITY	LO IDA	AP M NT O ST/	DIVISIO	RATED NOT ORP TAT		
NOVORTS TECHNOLOGIES, LLC REINSTATEMENT 200 2**2003 2. Principal Office Address 2340 S.W. 32nd Place 3. Making office Address 240 S.W. 32nd Place 3. Making office Address 250 S.W. 32nd Place 3. Making office Address 250 S.W. 32nd Place 5. Date Comprised of Caulified 6. Date Comprised of Caulified 6. Fill under the Place of Caulified 7. CERTIFICATE OF STATUS DESIRED 6. Street Address 250 S.W. 3260 S.W. 32nd Place 8. Name and Address of Current Registered Agant Name BRUCE BRASHEAR, ESQ. Street Address 250 S.W. 13th Street 6. Street Address 250 S.W. 13th Street 7. Leeing ampointed the registered agency of the Address 250 S.W. 13th Street 7. Leeing ampointed the registered agency of the Address 250 S.W. 13th Street 7. Leeing ampointed the registered agency of the Address 250 S.W. 13th Street 7. Leeing ampointed the registered agency of the Address 250 S.W. 13th Street 8. Street Address 250 S.W. 13th Street 9. Leeing am		ATEMENT	7		. 03 J	-2 AMID: 43	11	
2. Principal Office Address 2340 S.W. 32nd Place Suite April # etc. Suite 6 City & State Gainesville FL Gainesville FL ZP 32606 County 32606 County 32606 County 32606 Surea Address of Current Registered Agent Registered Agent Registered Agent Suite April # Etc. Suite April # Etc.	1. Limited Liabili	ity Company's Name		17:003			7/2	
Suite 6 Suit	2. Principal Offic	ce Address	3. Mailing Office Address		4. State/Country of Forma	tion		
City & State Gainesville FL Zip 32606 Country USA Zip 2606 Country Size Agent Centre Registered Agent BRUCE BRASHEAR, ESQ. Street Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street Sure, Apt. #, Etc. City Gainesville FL Size Address of Current Registered Agent FL Size Apt. #, Etc. City Gainesville FL Size Apt. #, Etc. City Gainesville FL Size Address of Current Registered Agent Registered Agent Managing Members Managers Name of Managing Members Managers Size Address of Each Managing Member Managers Size Address of Each Managing Members Managers Size Address of Each Managing Members Managers Size Address of Each Size Address of Each Managing Members Managers City / State / Zip Size Address of Each Managing Members Managers Size Address of Each Managing Members Managers Date Distance Address of Inches and Investment Size Address of Inches Address of			1		Florida, USA 5. Date Organized or Qualified To Do Business in Florida			
8. Name and Address of Current Registered Agent Name BRUCE BRASHEAR, ESQ. Street Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street (IS/13/0301053005 ***200.00 Suite, Apt. #, Etc. City Gainesville 9. t, being appointed the registered agent of the accommend limited liability company, am familier with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Mgr. Hamed Kourouma 2340 S.W. 32nd Place; Suite 5 Gainesville FL 32606 REGISTERED AGENT MUST SIGN 11. Localify 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 sling his reinstatement application the reason for dissolution has been eliminated, the limited liability company name salidies the requirements of section 608.468, F.S. and that all flees over by the limited liability company have been paid. The influenced institute of the application is true and accurate, and my signature shall have the same legal effect at all timed under oath. Spinature of Managing Member/Manager Date OS/LEIDS Daytime Phone # 352-331-9386	Gainesville FL		Gainesville FL			Z-Z-	Applied For	
Sirest Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street Suite, Apl. #, Etc. City Gainesville 9. L being appointed the registered agent of the power amount of the power and acceptation of Chapter 608, F.S. Signature of Registered Agent Registered Agent Registered Address of Managing Members/Managers Titles Managing Members/Managers Mark Managing Members/Managers Sinest Address of Each Managing Members/Managers City / State / Zip Date Registered Agent Registered Address of Each Managing Members/Managers Sinest Address of Each Managing Members/Managers Mgr. Hamed Kourouma - 2340 S.W. 32nd Place; Suite 6 Gainesville FL 32606 Registered Agent Registered Agent Registered Agent Registered Agent Registered Address of Each Managing Members/Manager Date Provided for in chapter 608, F.S. Infulfive certify that when stilling this reinstatement application in the reason for dissolution has been eliminated, 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 it made under oath. Signature Of Managing Member/Manager Date Displace 10 Dayline Phone # 352-331-9386	^{Zip} 32606	Country USA	32606			DESIRED S5.00 Addition	nal Fee required icate of Status	
10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/ Managers Managing Members/ Managers Mark Hamed Kourouma 2340 S.W. 32nd Place; Suite 6 Gainesville FL 32606 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 tiling 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 Manager Date DSILLIOS Daytime Phone # 352-331-9386	BRUCE BRASHEAR, ESQ. Street Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street Suite, Apt. #, Etc. City Gainesville State State State Zip Code FL 32601							
Titles Name of Managing Members Managers Street Address of Each Managing Members Manager Mgr. Hamed Kourouma 2340 S.W. 32nd Place; Suite 6 Gainesville FL 32606 REINSTATEMENT 2607-205 11. Leerlify that Lam 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 Manager Date OS/128/03 Daytime Phone # 352-331-9386	Signature of Registered Agent MUST SIGN Date REGISTERED AGENT MUST SIGN							
Mgr. Hamed Kourouma 2340 S.W. 32nd Place; Suite 6 Gainesville FL 32606 **REINSTATE:**** **PREINSTATE:**** **PREINSTATE:**** **PREINSTATE:**** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:*** **PREINSTATE:** **PREINSTATE:* **PREINSTATE:**	10. Names and		embers/Managers					
PEINSTATE Decided as provided for in chapter 608, F.S. I further certify that when filling 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 Manager	Titles					City / State / Zip		
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tiling 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 05/11/03 Daytime Phone # 352-331-9386	REINSTATEMENT 2002-2003							
Managing Member/Manager Date 05/28/85 Daytime Phone # 352-331-9386	tiling 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.							
Typed or printed name of signing Managing Member/Manager HAMED KOUROUMA								

Typed or printed name of signing Managing Member/Manager _