

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000002310

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000002310

1. Limited Liability Company's Name

NOVORIS TECHNOLOGIES, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address 2340 S.W. 32nd Place		3. Mailing Office Address 2340 S.W. 32nd Place		4. State/Country of Formation Florida, USA	
Suite, Apt. #, etc. Suite 6		Suite, Apt. #, etc. Suite 6		5. Date Organized or Qualified To Do Business in Florida 2-29-2000	
City & State Gainesville FL		City & State Gainesville FL		6. FEI Number 38-3661386	
Zip 32606	Country USA	Zip 32606	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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		
Suite, Apt. #, Etc.		
City Gainesville	State FL	Zip Code 32601

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
Mgr.	Hamed Kourouma	2340 S.W. 32nd Place; Suite 6	Gainesville FL 32606
REINSTATEMENT 2002-2003			

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 05/28/03 Daytime Phone # 352-331-9386

Typed or printed name of signing Managing Member/Manager HAMED KOUROUMA