FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L00000003372

1. Limited Liability Company's Name

THE LINUX INSTITUTE, LLC

2. Principal Office Address	3. Mailing Office Address
8240 NW 52 Terrace	8240 NW 52 Terrace
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Miami, FLORIDA	City & State: Miami, FLORIDA
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 03/24/00

6. FEI Number: 65-1135422 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: DE LEON & DE LEON, P.A. ATT: KIRK DE LEON

Street Address (P.O. Box Number is Not Acceptable): 44 WEST FLAGLER STREET

Suite, Apt. #, Etc.: SUITE 325

City: MIAMI State: FL Zip Code: 33130-6812

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 1/17/02

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
MANAGING MEMBER	ERIC SCHAER	8240 NW 52 Terrace, 500	Miami, FL 33166

REINSTATEMENT

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 608.408, 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 1/17/02 Daytime Phone # 305-639-6762

Typed or printed name of signing Managing Member/Manager _____