L000000 3626

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L-000000 3626

1. Limited Liability Company's Name

ORBITALHOSTING.COM, L.L.C.

6000186750006
05/09/03--01059--034 **200.00

2. Principal Office Address	**3.** Mailing Office Address	
2510 OCOEE APOPKA ROAD	2510 OCOEE APOPKA ROAD	**4.** State/Country of Formation FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 3-30-00
City & State APOPKA, FL	City & State APOPKA, FL	**6.** FEI Number ☒ Applied For / Not Applicable
Zip 32703	Country US	Zip 32703	Country US	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name DAVID F. LEON

Street Address (P.O. Box Number is Not Acceptable) 2510 OCOEE APOPKA ROAD

Suite, Apt. #, Etc.

City APOPKA	State FL	Zip Code 32703

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 _____ DAVID F. LEON   REGISTERED AGENT MUST SIGN   Date 4/29/03

CR2E041 (10/02)

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	DAVID F. LEON	2510 OCOEE APOPKA ROAD	APOPKA, FL 32703
		REINSTATEMENT 02-03	

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 4/29/03   Daytime Phone # 407-839-4200

Typed or printed name of signing Managing Member/Manager DAVID F. LEON, MANAGER