2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000004159

1. Entity Name
SEP SYSTEMS, LLC

Principal Place of Business	Mailing Address
1819 DOOMAR TALLAHASSEE, FL 32308	1819 DOOMAR TALLAHASSEE, FL 32308

12212004   REIN-LLC   CR2E101 (6/04)

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3642050 Applied For / Not Applicable
Zip Country	Zip Country	**5.** Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MITCHELL PENOT, JON E. 1819 DOOMAR DRIVE TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
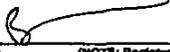
SIGNATURE   *Jon E. Mitchell Penot*   12/22/2004

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME MITCHELL PENOT, JON E STREET ADDRESS 1819 DOOMAR CITY-ST-ZIP TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000436748*P Change ☐ Addition 12/28/04--01043--007 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jon E. Mitchell Penot MGRM_   22 Dec 2004   850.591.2329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #