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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000006167

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006167

Name and Mailing Address

0004889 01 FP 0.352 **PRSRT T5 0 0615 33609-481813
PRIMARY TECHNOLOGY, LLC
813 S. WESTSHORE BLVD.
TAMPA FL 33609-4818

10/4/02

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/23/2000

Principal Place of Business: 813 S. WESTSHORE BLVD. TAMPA FL 33609

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 59-3651294 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

ALMEIDA, STEPHEN
813 S. WESTSHORE BLVD.
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. 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 10-23-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALMEIDA, STEPHEN	813 S. WESTSHORE BLVD.	TAMPA FL 33609

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10/28/02--01117--004 **155.00

REINSTATEMENT 2002

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12. 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 10-23-02 Daytime Phone # 813-288-0260

Typed or printed name of signing Managing Member/Manager Stephen Almeida