PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name
TATION TECHNOLOGIES LLC
~~865 LONGBOAT CLUB ROAD~~
LONGBOAT KEY FLA 34228

2. Principal Office Address	**3.** Mailing Office Address
944 MORGAN ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JENKINTOWN PA	City & State
Zip: 19046 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 9/28/01

6. FEI Number: 43-1902298 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: SAM DUFFEY
Street Address (P.O. Box Number is Not Acceptable): 416 BURNS COURT
Suite, Apt. #, Etc.:
City: SARASOTA State: FL Zip Code: 34236

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 X _____ REGISTERED AGENT MUST SIGN Date 12-27-01

CR2E041 (9/01)

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
	~~FRANK E. O'DONNELL JR.~~	~~709 THE HAMPTONS TOWN AND COUNTRY MO~~ 63017	
MAN. MEMBER	TERRY FULLER	944 MORGAN ROAD	JENKINTOWN PA 19046

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REINSTATEMENT 2001

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 X _____ Date 12/31/01 Daytime Phone # 215-885-4558

Typed or printed name of signing Managing Member/Manager TERRY FULLER Ph.D.