

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		L-9025	
1. Limited Liability Company's Name <i>Carnegie Technical, LLC</i>			
2. Principal Office Address <i>3030 NE 23rd Ct.</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Ft. Lauderdale</i>		City & State <i>FL</i>	
Zip <i>33305</i>	Country <i>US</i>	Zip	Country

FILED
01 OCT 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

4. State/Country of Formation <i>FL / USA</i>		
5. Date Organized or Qualified To Do Business in Florida <i>27 July 2000</i>		
6. FEI Number <i>65-1031383</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		

8. Name and Address of Current Registered Agent

Name <i>John P. Crecine</i>	700004676497-6
Street Address (P.O. Box Number is Not Acceptable) <i>3030 NE 23rd Ct.</i>	-11/13/01--01051--015 *****5.00 *****5.00
Suite, Apt. #, Etc.	700004676497-6
City <i>Ft. Lauderdale</i>	-11/13/01--01051--016 ***150.00 ***150.00
	State <i>FL</i> Zip Code <i>33305</i>

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
John P. Crecine

Date *10/15/01*

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles <i>MSRM</i>	Name of Managing Members/Managers <i>John P. Crecine</i>	Street Address of Each Managing Member/Manager <i>3030 NE 23rd Ct.</i>	City / State / Zip <i>Ft. Lauderdale, FL 33305</i>
<i>Def. MGR</i>	<i>Stephen Cividino</i>	<i>813 Sugar House Dr.</i>	<i>Port Orange, FL 32127</i>

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
John P. Crecine

Date *10/15/01*

Daytime Phone # *954-563-1159*

Typed or printed name of signature Managing Member/Manager

John P. Crecine