

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

01 OCT 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-9025
Carnegie Technical, LLC

2. Principal Office Address

3030 NE 23rd Ct.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

33305

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

1

Zip

Country

REINSTATEMENT *2001*

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

27 July 2000

6. FEI Number

65-1031383

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John P. Crecine

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

3030 NE 23rd Ct.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

700004676497-6

-11/13/01--01051--015

******5.00 *****5.00*

700004676497-6

-11/13/01--01051--016

******150.00 *****150.00*

State

FL

Zip Code

33305

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/15/01*

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
<i>MGRH</i>	<i>John P. Crecine</i>	<i>3030 NE 23rd Ct.</i>	<i>Ft. Lauderdale, FL 33305</i>
<i>MGRH</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

[Signature]

Date *10/15/01*

Daytime Phone # *954-563-1159*

Typed or printed name of signifying Managing Member/Manager

John P. Crecine

CR20041 (9/01)