

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 FEB -4 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # L00000015338

1. Limited Liability Company's Name

EBX Optik, L.C.

REINSTATEMENT

2001
2002

2. Principal Office Address
5825 Sunset Drive

3. Mailing Office Address
5825 Sunset Drive

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
South Miami, FL

City & State
South Miami, FL

Zip Country
33143 USA

Zip Country
33143 USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 12/12/2000

6. FEI Number
65-1080749

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
Bolanos Truxton, PA 96000014047

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.
Suite 600

City
Coral Gables

State Zip Code
FL 33134

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-02/04/02-01012-025
****205.00 ****205.00

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 Greg S Truxton
REGISTERED AGENT MUST SIGN

Date 2/1/2002

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
MGR	Edward W. Beiner	5825 Sunset Drive, Suite 200	South Miami, FL 33143

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****205.00 ****205.00

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 Greg S Truxton - attorney Date 2/1/2002 Daytime Phone # (941) 437-5421

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)