PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR -9 PM 3:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000388

1. Limited Liability Company's Name
Peerless Networks LLC

2. Principal Office Address	**3.** Mailing Office Address
5450 County Road 581	PO Box 20394
Suite, Apt. #, etc.: #341	Suite, Apt. #, etc.:
City & State: Wesley Chapel, FL	City & State: Raleigh, NC
Zip: 33543 Country: US	Zip: 27619 Country: US

4. State/Country of Formation: FL/Pasco

5. Date Organized or Qualified To Do Business in Florida: 1/9/2001

6. FEI Number: 52-2289735 ☐ 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: Peter Ceccuni

Street Address (P.O. Box Number is Not A): 5450 County Rd 581 600027622966 01/[illegible]/04--01095--008 **200.00

Suite, Apt. #, Etc.: #341

City: Wesley Chapel | State: FL | Zip Code: 33543

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] Date: 1/19/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
President	Peter Ceccuni	6312 Lynn Meadow	Raleigh, NC 27609

600027622966
03/10/04 01023 012 **50.00

REINSTATEMENT 2002-04

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: 1/19/04 Daytime Phone #: 919 212-1145

Typed or printed name of signing Managing Member/Manager: Peter Ceccuni