PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REU	ED LABILITY COMPANY STATEMEN		VISION OF CORPORATIONS	07	AN LOPPICAL STATE.		
DOCUMENT # Lolooooo 7892 1. Limited Liability Company's Name					SECRETARY OF STATE TALLAHASSEE FLORIDA		
Upsta	te Web Solutions LL	.C		·			
A			Office Address		2062	MJH	
275 E. Central Pkwy Suite, Apt. #, etc.			275 E. Central Pkwy		untry of Formation Florida	. _{per} e spendage	
#1317		#1317	Suite, Apt. #, etc. #1317		janized or Qualified usiness in Florida 05/17/200	1 .	
Altamon	ite Springs	1 -	City & State Altamonte Springs		6. FEI Number Applied For Applied For		
^{27p} 32701			Country	7. CERTIFICA	Not Appli		
		8.	Name and Address of Current R	legistered Agent	10r a	Centificate of Status	
Signature of Registered A 10. Name: Titles	s and Street Addresses of Managi Name of Managing Members/	the above named limite REGISTERED Act	SENT MUST SIGN	ith and accept the oblig of Each /Manager	State Zip Code FL 32701	Z C82E041 (8/01)	
all fees of as if ma Signature of Managing Me	that I am managing member/mana a reinstatement application the read swed by the limited liability compar de under oath.	y have been paid. The	trustee empowered to execute this been eliminated, the limited liability information indicated on this appliance of the party of the pa	cation is true and accum	ed for in chapter 608, F.S. I further as the requirements of section 608.4 ate, and my signature shall have the Daytime Phone# 467-339	06, F.S., and that same legal effect	