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LIMITED LIABILITY REINSTATEMENT

ACA PRECISION TECHNOLOGY, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$155.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000008783

1. Limited Liability Company's Name
ACA Precision Technology, LLC

REINSTATEMENT 2002

2. Principal Office Address	3. Mailing Office Address
4450-L, Enterprise Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State
Zip: 32934 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/31/01

6. FEI Number: 59-3712514 ☐ 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: Douglas Beekman c/o Advantage Capital Florida Partners

Street Address (P.O. Box Number is Not Acceptable): 100 North Tampa Street

Suite, Apt. #, Etc.: Suite 2410

City: Tampa State: FL Zip Code: 33602

CR2E051 (8/01)

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: D. L. Beek Date: 12/4/02
REGISTERED AGENT MUST SIGN

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	Douglas Beekman	100 North Tampa Street, Ste. 2410	Tampa, FL 33602
	REINSTATEMENT 2002		

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: D. L. Beek Date: 12/2/02 Daytime Phone#: 813-221-8700

Typed or printed name of signing Managing Member/Manager: Douglas Beekman

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