PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 AM 8 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300024294283
10/30/03--01067--001 **155.00

DOCUMENT # L01000018825

1. Limited Liability Company's Name
NetQwest, LLC

2. Principal Office Address		**3.** Mailing Office Address	
2000 West Commercial Blvd.		2000 West Commercial Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite #133		Suite #133	
City & State		City & State	
Fort Lauderdale		Fort Lauderdale	
Zip	Country	Zip	Country
33309	USA	33309	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida October 31, 2001

6. FEI Number 65-1151308 ☐ 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: Kevin D. Johnson

Street Address (P.O. Box Number is Not Acceptable): 2000 West Commercial Blvd.

Suite, Apt. #, Etc.: Suite #133

City: Fort Lauderdale | State: FL | Zip Code: 33309

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 _____ REGISTERED AGENT MUST SIGN

Date October 29, 2003

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
MGRM	Kevin D. Johnson	2000 West Commercial Blvd. #133	Fort Lauderdale, FL 33309
MGRM	William J. O'Keefe	2000 West Commercial Blvd. #133	Fort Lauderdale, FL 33309

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 _____ Date 10/29/03 Daytime Phone # 954-938-2092 x101

Typed or printed name of signing Managing Member/Manager Kevin D. Johnson