

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:35

**DOCUMENT #**

1. Limited Liability Company's Name

Polytronics International,  
LLC  
DOC. # L01000019760

2. Principal Office Address

3507 Pine Cove Court

Suite, Apt. #, etc.

102

City & State

Tampa, FL

Zip

33614

Country

U.S.A.

3. Mailing Office Address

P.O. Box 271601

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33688

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

Filed  
11-14-2001

6. FEI Number

59-3757004

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

Phillip K. Beck

Street Address (P.O. Box Number is Not Acceptable)

11151 N.W. 115 St.

Suite, Apt. #, Etc.

City

Chiefland

200027521842

01/23/04 01053-013 \*\*255.00

State

FL

Zip Code

32626

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

*Phillip K. Beck*  
REGISTERED AGENT MUST SIGN

Date Jan. 20, 2004

**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	DOUG KELLY	3507 Pine Cove Ct, #102	Tampa, FL 33614

REINSTATEMENT 03-04-05  
dec

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

*Doug Kelly*

Date 1/20/04

Daytime Phone # 813-546-8241

Typed or printed name of signing Managing Member/Manager

DOUG KELLY