Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT # L01000020909

Name and Mailing Address

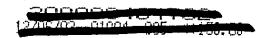
0000588 01 FP 0.352 **PRSRT T2 0 0615 32780-755085 hallanbillanikabalanlahabbillahabbillah SMARTROSTER, LLC 7585 TURKEY POINT DRIVE TITUSVILLE FL 32780-7550

S THIS FORM.

FILED

2002 DEC -6 PM 3: 26

DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA





2. New Mailing Address			4. State/Country of Formation		
City, State, Zip			5Date Organized or Qualified To Do Business in Florida 12/04/2001		
Principal Place of Business 7585 TURKEY POINT DRIVE	3. New Principal Place of Business Address		6. FEI Number 04:-3/de 16979		Applied For Not Applicable
TITUSVILLE FL 32780	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Curre	nt Registered Agent	Other Control of the	9. Name and A	ddress of New Registered A	Agent
		Name			
GALLENTINE, GARY J 7585 TURKEY POINT DRIVE TITUSVILLE FL		Street Address (P.O. Box Number is Not Acceptable)			
	2	City FL Zig			Zip Code
10. I, being appointed the registered agent of the Signature of Registered Agent	above named imited liability company	, am familiar with	and accept the oblig	nations of Chapter 608, F.S. Date/2/2/02_	
11. Names and Street Addresses of Each Manag	ng Member/Manager	Aleman - Sensormon maso a mesonomi	AND SECURE OF THE SECURITY OF		
Title(s) Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM GALLENTINE, GARY J	7585 TURKEY	7585 TURKEY POINT DRIVE		TITUSVILLE FL 32780	
				- 01007 017 4	10
		**			
REINST	ATEMENT_20	02	.901 12/06/07	100940525 201094014 **	*155, 00
12. I certify that I am managing member/manager filing this reinstatement application the reason all fees owed by the limited traditity company has if made under oath. Signature of Managing Member/Manager	or the receiver or trustee empowered or dissolution has been eliminated, the property of the information indicated the property of the information indicated the indicated the information indicated the information indicated the information indicated the information indicated the i	ilmited liability cor d on this application	pplication as provide mpany name satisfies on is true and accurat		rther certify that when 108.406, F.S., and that e the same legal effect

Typed or printed name of signing Managing

Date 12/2/02. Daytime Phone # 32/. 427, 8977.