

102000002593

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002593

1. Limited Liability Company's Name

LOGICALVICE LLC

REINSTATEMENT

2003-2004

2. Principal Office Address

4479 WINDERLAKES DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32835

Country

USA

3. Mailing Office Address

4479 WINDERLAKES DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

02-02

6. FEI Number

45-0465728

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

GEORGE J. IAN POPESON

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

4479 WINDERLAKES DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

*[Signature]*

Date 06-10-04

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
MGRM	GEORGE J. IAN POPESON	4479 WINDERLAKES DR	ORLANDO / FL / 32835
MGRM	BRYON SHEFFIELD	5007 VINELAND DR	ORLANDO / FL / 32811

200037437372

06/01/04--01021--004 \*\*200.00

*[Signature]*

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

*[Signature]*

Date 5-25-04

Daytime Phone # 407-709-1885

Typed or printed name of signing Managing Member/Manager

GEORGE J. IAN POPESON

CR20041 (10/02)