

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010908

1. Limited Liability Company's Name

De Leon Technologies LLC

2. Principal Office Address

8570 Commerce St.

Suite, Apt. #, etc.

#204

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

3. Mailing Office Address

8570 Commerce St.

Suite, Apt. #, etc.

#204

City & State

Cape Canaveral FL

Zip

32920

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/06/2002

6. FEI Number

030434924

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

Pablo Gabriel De Leon

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

2073 Red Wood Circle

Suite, Apt. #, Etc.

City

Palm Bay, FL

State

FL

Zip Code

32905

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 August 20, 2006

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
<u>MEM</u>	<u>Pablo De Leon</u>	<u>8570 Commerce St.</u>	<u>Cape Canaveral, FL 3290</u>
			<u>300079335073</u>
			<u>08/31/06--01040--003 **255.00</u>
			<u>REINSTATEMENT 04-06</u>

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 August 20, 2006

Daytime Phone #

321-285-7374

Typed or printed name of signing Managing Member/Manager

Pablo De Leon