## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY	35 m		SEV	PETANUED		
COMPANY		FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS  05 OCT 14 AM 10: 03		
REINSTATEMENT						
DOCUMENT # L020000133	L77					
1. Limited Liability Company's Name	,	•		The second secon	. 1	
PROJECT SYSTEM GURUS, LLC						
2. Principal Office Address	3. Mailing C	3. Mailing Office Address				
402643 US HWY 60 EAS	+ 4026	482643 US HWY 60E		4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		Florida  5. Date Organized or Qualified		
Cit. 9 Chair	Cit. 9 Cinte	City 9 Chara		To Do Business in Florida 05/29/85 2002		
City & State  Car 1/05111/19 NK	Back	Bactlesville OK		er	Applied For	
Zip Country	Zip	Country	01-0	702463	Not Applicable	
74006 Washington	V 740	06 Washing-	HON CERTIFICATE		ional Fee required ificate of Status	
,	8. 1	Name and Address of Current	Registered Agent			
Name	GE GOMPANI			ED A RESI		
CORPORATION SERVI Street Address (P.O. Box Number				ENTI 2003-20	<del>vS</del>	
1201 HAYS STREET	*	a elboa e				
Suite, Apt. #, Etc.					U	
City TALLAHASSEE	TELEGRAPHE BOS TILEGRAPHE STYLE BRIGHTANESSE	no de la companya de La companya de la companya de	and the second of the second o	State   Zip Code 3 3 3 4 5 5 5 5 5 5 5 6 6 5 5 5 6 6 6 5 6	right in the second of	
9. I, being appointed the edistered agent of the	above named limite	ed liability company, am familiar	with and accept the obliga	tions of Chapter 608, F.S.	3 (20/01)	
Signature of Registered Agent Agent	MACO TO THE REGISTERED AG	SSTUP.	· · · ·	Date 10/3/05	CR2E041 (10/02)	
10. Names and Street Addresses of Managing	Members/Managers	5				
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
William W MAtthews		402647 45 Hwy 60 E		Bartlesville O	K 74006	
GEO Veronica J. Matthews		L.	,	Bartlesville, OK	74006	
CALO OCTOTO C. III	H I I I I COLO	-702677 US	1104 600	EAMEDINE, UN	14004	
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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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 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 Signature of Manager Wittonia	ci g-Ma	Shews Da	to 10/5/05	Daytime Phone # 918-331-	0613	
Typed or printed name of signing Managing Mer			MATTHER			