


300.00
9-26-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000019462

1. Limited Liability Company's Name
AOKNetowrking, LLC

2. Principal Office Address 12001 Research PKWY		3. Mailing Office Address 12001 Research PKWY	
Suite, Apt. #, etc. Suite 212		Suite, Apt. #, etc. Suite 212	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32826	Country USA	Zip 32826	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CR2E041 (8/05)

4. State/Country of Formation
USA

5. Date Organized or Qualified To Do Business in Florida **07/31/2002**

6. FEI Number **42-1552401**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Robert A. Knoerzer

Street Address (P.O. Box Number is Not Acceptable)
12001 Research PKWY

Suite, Apt. #, Etc.
Suite 212

City
Orlando

State
FL

Zip Code
32826

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 *RAK* Date 2/22/06

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
	Robert A. Knoerzer	1579 Westcott Loop	Winter Springs, FL 32708
			04/29/03 90028 043 \$50.00
			09/11/03 90043 016 \$50.00
			03-06

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 if made under oath.

Signature of Managing Member/Manager *RAK* Date 02/22/06 Daytime Phone # 407-234-0867

Typed or printed name of signing Managing Member/Manager Robert A. Knoerzer