PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Glenda E. Hood** Secretary of State DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #**   L02000021958

Name and Mailing Address

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TELESCOPE CONTROL SYSTEMS, LLC
4180 VENTURA AVE
MIAMI FL 33133-6335

2. New Mailing Address	4. State/Country of Formation FL

City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 08/23/2002

Principal Place of Business 4180 VENTURA AVE MIAMI FL 33133	3. New Principal Place of Business Address	6. FEI Number 54-2069697	Applied For / Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
AZARI, DANIEL M 4180 VENTURA AVE MIAMI FL 33133	Name _____ Street Address (P.O. Box Number is Not Acceptable) 30002539983 12/10/03--01044--014 **100.00 City _____ FL Zip Code

10. 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 REQUIRED_____ REGISTERED AGENT MUST SIGN   Date 11/5/03

11. Names and Street Addresses of Each Managing Member/Manager   10/13/03 01096 001 $50.00

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JULIA, AZARI A	4180 VENTURA AVE	MIAMI FL 33133
MGRM	DANIEL, AZARI M	4180 VENTURA AVE	MIAMI FL 33133
	REINSTATEMENT 2003		

12. 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 REQUIRED_____   Date 11/5/03   Daytime Phone # 305/667-7557

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)