


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2005 MAY 10 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L02000025107

1. Limited Liability Company's Name

NETWORKING TECHNOLOGY & CABLING
SOLUTIONS LLC

2. Principal Office Address

2501 E ARAGON BLVD

Suite, Apt. #, etc.

UNIT 3

City & State

SUNRISE FLORIDA

Zip

33313

Country

USA

3. Mailing Office Address

2501 E ARAGON BLVD

Suite, Apt. #, etc.

UNIT 3

City & State

SUNRISE FLORIDA

Zip

33313

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

09/25/02

6. FEI Number

04-3714075

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

KIRK L IVY

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

2501 E. ARAGON BLVD

Suite, Apt. #, Etc.

UNIT 3

City

SUNRISE

State

FL

Zip Code

33313

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



Date May 04/05

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>PRES.</u> | <u>KIRK L IVY</u> | <u>2501 E ARAGON BLVD # 3</u> | <u>SUNRISE FLORIDA 33313</u> |
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REINSTATEMENT 03-05

300055720003
06/08/05--01057--005 **250.00

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



Date

May 04/05

Daytime Phone #

(954) 249-0314

Typed or printed name of signing Managing Member/Manager

Kirk Ivy