2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L02000028171

Entity Name: SOLUTIONHOST CONSULTING, LLC

Current Principal Place of Business:

THE FLORIDA/NASA BUSINESS INCUBATION CNTR
1311 N. HIGHWAY US 1
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1813 SHORE VIEW DRIVE
MELBOURNE, FL 32903

New Mailing Address:

FEI Number: 65-1166671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKENS, R. ANTHONY
THE FLORIDA/NASA BUSINESS INCUBATION CNTR
1311 N. HIGHWAY US 1
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: R. ANTHONY DICKENS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DICKENS, ANTHONY R
Address: 1311 N. UHIGHWAY US 1
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR ( ) Delete
Name: DICKENS, SHARON L MRS.
Address: 1311 N. HIGHWAY US 1
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: R. ANTHONY DICKENS MGR 10/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date