

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 JUN 13 PM 2:00

DOCUMENT # 03000005385

1. Limited Liability Company's Name

Galileo Technology Services, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1221 Brickell Center

Suite, Apt. #, etc.

900

City & State

Miami, FL

Zip

33131

Country

None

3. Mailing Office Address

1221 Brickell Center

Suite, Apt. #, etc.

900

City & State

FL - Miami

Zip

33131

Country

None

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/12/2003

6. FEI Number

82-0586154

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Agents and Corporations

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

330 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 101-330

City

Naples

State

FL

Zip Code

34102

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

David M Williams

Date

5/7/07

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
MEM	Gerald Hartz	1322 Waltham Lane	Orlando, FL 32809

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

Gerald Hartz

Date

3-17-07

Daytime Phone #

305-321-9051

Typed or printed name of signing Managing Member/Manager

Gerald Hartz