
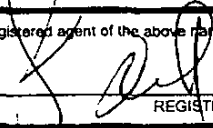
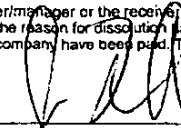


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																								
FILED 08 JAN 14 AM 9:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (1/07)																										
DOCUMENT # L03000069758 1. Limited Liability Company's Name T-TEK SERVICES LLC																										
2. Principal Office Address - No P.O. Box # 5970 BROKEN BOW LN. Suite, Apt. #, etc.	3. Mailing Office Address 5970 BROKEN BOW LN. Suite, Apt. #, etc.	4. State/Country of Formation FL. USA																								
City & State PORT ORANGE, FL.	City & State PORT ORANGE, FL.	5. Date Organized or Qualified To Do Business in Florida 3/15/05																								
Zip 32127	Country	6. FEI Number 042520524																								
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																										
8. Name and Address of Current Registered Agent Name: THOMAS W. TRASKA Street Address (P.O. Box Number is Not Acceptable): 5970 BROKEN BOW LN. Suite, Apt. #, Etc.: PORT ORANGE FL 32127 City: PORT ORANGE FL 32127 State: FL Zip Code:																										
<input type="checkbox"/> 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:  Date: 12/17/07 REGISTERED AGENT MUST SIGN																										
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>THOMAS W. TRASKA</td> <td>5970 BROKEN BOW LN</td> <td>PORT ORANGE FL 32127</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	THOMAS W. TRASKA	5970 BROKEN BOW LN	PORT ORANGE FL 32127																
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REINSTATEMENT 05-07 8A 1/14 12/19/07-01014-012- \$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: 12/17/07 Daytime Phone #: 860 982 1749 Typed or printed name of signing Managing Member/Manager: THOMAS W. TRASKA																										