

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900108375669
08/21/07--01026--022 **305.00

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000019402**

1. Limited Liability Company's Name

Syrinx Computers LLC

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

3044 50th St S

Suite, Apt. #, etc.

City & State

Gulfport, FL

Zip

33707

Country

USA

3. Mailing Office Address

3044 50th St S

Suite, Apt. #, etc.

City & State

Gulfport, FL

Zip

33707

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08-01-2007

6. FEI Number
65-1194136

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

John J Barrass

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

3044 50th St S

Suite, Apt. #, Etc.

City

Gulfport

State

FL

Zip Code

33707

☐ 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.

[Signature]

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **30 July 2007**

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
MGRM	John J Barrass	3044 50th St S	Gulfport, FL 33707

REINSTATEMENT 04-07

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

[Signature]

Date **30 July 2007**

Daytime Phone # **727-388-3321**

Typed or printed name of signing Managing Member/Manager **John J Barrass**