

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 14, 2008  
Secretary of State

DOCUMENT# L03000021327

Entity Name: P2P ENGINEERING, LLC

**Current Principal Place of Business:**

40 SOUTH PALAFOX PLACE, SUITE 400  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

40 SOUTH PALAFOX PLACE, SUITE 400  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 71-0951753      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:**

HIGHTOWER, DAVID E  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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: DAVID E. HIGHTOWER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: HOGAN, TIM  
Address: 40 SOUTH PALAFOX STREET, SUITE 400  
City-St-Zip: PENSACOLA, FL 32502

Title: VP (X) Delete  
Name: LEVIN, SHERROD  
Address: 316 SOUTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: S (X) Delete  
Name: LEVIN, STANLEY  
Address: 316 SOUTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: T (X) Delete  
Name: MASSEY, JIM  
Address: 316 SOUTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

**ADDITIONS/CHANGES:**

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

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

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: TIMOTHY J. HOGAN

P

10/14/2008

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