## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000035734

Entity Name: SUMPRAXIS LLC

Address:

City-St-Zip:

FILED Sep 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3701 FAU BLVD SUITE 210 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 1004 BROOKS LN DELRAY BEACH, FL 33483 FEI Number: 77-0637595 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLARD, JOSEPH W 1004 BROOKS LN DELRAY BEACH, FL 33483 US 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: JOSEPH COLLARD Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COLLARD, JOSEPH W Name: Name: Address: 1004 BROOKS LN Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: POND, DOUGLAS VP Address: Address: 333 W. NORTH AVE. #324 City-St-Zip: City-St-Zip: CHICAGO, IL 60610 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: SYAL, ASHOK Name:

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.

Address:

City-St-Zip:

12710 HITCHCOCK COURT

RESTON, VA 20191

SIGNATURE: JOSEPH COLLARD MGRM 09/17/2007