PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY								68 NOV 13 PH 12: 05		
DOCUMENT # L0400004577 1. Limited Liability Company's Name									SECRETARY OF STATE TALLAHASSEE FLORIDA	
CAUSF Research, LLC										
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							┨	CR2E041 (10/08)		
3802 Spectrum Boulevard			3802 Spectrum Boulevard			┇	4. State/Country of Formation			
Suite, Apt. #		Suite, Apt. #, etc.			-	Florida S. Date Organi	ized or Qualified			
Suite 10	0	City & State			┥	To Do Business in Florida January 16, 2004				
Tampa,	FL	Tampa, FL				6. FEI Number Applied For None ✓ Not Applicable				
Zip 33612		Country USA	Zip CC 33612 US			•		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent								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.		
Rod Casto, Ph.D., Executive Director and Corporate Secretary										
Street Address (P.O. Box Number is Not Acceptable) 3802 Spectrum Boulevard										
Suite, Apt. #, Etc. Suite 100							1			
c _{lty} Tampa					State Zip Code FL 33612			remstat	ement be waived.	
9. I, being appointed the registered agent of the above ranged limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.										
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 1 10 D &		
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				er	City / State / Zlp	
MGRM	University of South Florida Research			3802 Spectrum Blvd, Suite 100			te 1	00	Tampa, FL 33612	
	Found	dation, Inc.						•		
	REINSTATEMENT							11/13, 50 11/13	/0801043002 **293.75 /0137899175 /0801043002 **293.75	
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 logicated 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 Date Daytime Phone #813-974-1082										
Typed or printed name of signing Managing Member/Manager Rod Casto, Ph.D.										