L04000024164

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 FEB -9 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
STRUCTURED CABLING SYSTEMS, LLC

05

800087862148
CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
700 Scotia Dr.	700 Scotia Dr.
Suite, Apt. #, etc: Suite 205	Suite, Apt. #, etc: Suite 205
City & State: Hypoluxo Fl	City & State: Hypoluxo Fl
Zip: 33462 Country: USA	Zip: 33462 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 03/31/04
6. FEI Number: 90-0156264 ☐ 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: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc:
City: Tallahassee State: FL Zip Code: 32301

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: 2-8-07

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
CEO	Joshua D Liccardi	700 Scotia Dr. #205	Hypoluxo Fl, 33462

REINSTATEMENT 2005-2007

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 608.408, 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: 2/8/07 Daytime Phone #: 561-271-9639

Typed or printed name of Signing Managing Member/Manager: Joshua D Liccardi

CSC.

CORPORATION SERVICE COMPANY

L07000024164

RECEIVED
07 FEB -9 PM 12:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 750960 7427160
AUTHORIZATION :
COST LIMIT : $ 255.00

ORDER DATE : February 8, 2007

ORDER TIME : 11:15 AM

ORDER NO. : 750960-005

CUSTOMER NO: 7427160

FILED
07 FEB -9 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: STRUCTURED CABLING SYSTEMS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____