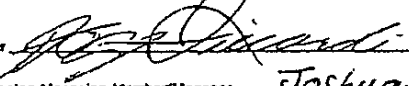


L04000024164

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 FEB -9 PM 4:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 1. Limited Liability Company's Name STRUCTURED CABLING SYSTEMS, LLC																																	
2. Principal Office Address 700 Scotia Dr. Suite, Apt. #, etc Suite 205 City & State Hypoluxo FL Zip Country 33462 USA		3. Mailing Office Address 700 Scotia Dr. Suite, Apt. #, etc Suite 205 City & State Hypoluxo FL Zip Country 33462 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 ☒ 55.00 (8/05)																													
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																																	
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  REGISTERED AGENT MUST SIGN Date 2-8-07																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>CEO</td> <td>Joshua D Llicardi</td> <td>700 Scotia Dr. #205</td> <td>Hypoluxo FL 33462</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	CEO	Joshua D Llicardi	700 Scotia Dr. #205	Hypoluxo FL 33462																				
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CEO	Joshua D Llicardi	700 Scotia Dr. #205	Hypoluxo FL 33462																														
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 608.405, 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  Date 2/8/07 Daytime Phone # 561-271-9639 Typed or printed name of Signing Managing Member/Manager Joshua D Llicardi																																	

REINSTATEMENT 2005-2007



CORPORATION SERVICE COMPANY

L04000024164

07 FEB -9 PM 12:48

ACCOUNT NO. : 072100000032
REFERENCE : 750960
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 255.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
7427160

ORDER DATE : February 8, 2007

ORDER TIME : 11:15 AM

ORDER NO. : 750960-005

CUSTOMER NO: 7427160

DOMESTIC FILINGS

NAME: STRUCTURED CABLING SYSTEMS,
LLC

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

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 _____