## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED DOCUMENT # L04000031401 THE SOFTWARE ENGINEERING GROUP, LLC 2009 MAY -5 AM II: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6001 BROKEN SOUTH PARKWAY NW 6001 BROKEN SOUTH PARKWAY NW **SUITE 620** SUITE 620 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272009 REIN-LLC CR2E101 (1/07) City & State Applied For City & State 4. FEI Number 52-2443162 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAKE, ALTON N Street Address (P.O. Box Number is Not Acceptable) 16243 S.W. 99 PLACE MIAMI, FL 33157 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME BLAKE, ALTON N NAME 400155467954 STREET ADDRESS 16243 S.W. 99 PLACE STREET ADDRESS 05/05/09--01042--001 \*\*277.50 CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITEE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-61-ZIP ☐ Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: