

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 23 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039191

1. Limited Liability Company's Name

Tech-Dr. LLC
Drive

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 3251 Tech Dr. N. Suite, Apt. #, etc.		3. Mailing Office Address 3251 Tech Dr. N. Suite, Apt. #, etc.	
City & State St. Petersburg, Fl.		City & State St. Petersburg, Fl.	
Zip 33716	Country USA	Zip 33716	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 5/24/04	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Sam Jarczynski			
Street Address (P.O. Box Number is Not Acceptable) 3251 Tech Dr. N.			
Suite, Apt. #, Etc.			
City St. Petersburg		State FL	Zip Code 33716

☒ 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.

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

Date 4/16/08

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	City / State / Zip
mgrm	Sam Jarczynski	3251 Tech Dr. N.	St. Petersburg, Fl. 33716

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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 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 4/16/08

Daytime Phone# 727-572-7595

Typed or printed name of signing Managing Member/Manager Sam Jarczynski