

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000082721

FILED
Nov 28, 2005
Secretary of State

Entity Name: ACTS DECONTAMINATION SERVICES, L.L.C.

Current Principal Place of Business:

14012 BUDWORTH CIRCLE
ORLANDO, FL 32827

New Principal Place of Business:

New Mailing Address:

12014 BUDWORTH CIRCLE
ORLANDO, FL 32832

Current Mailing Address:

6445 S. CHICKASAW TRAIL
SUITE
ORLANDO, FL 32829

FEI Number: 42-1650943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, AMY R
2513 CHEVAL STREET
2102
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

WOOD, AMY R
14012 BUDWORTH CIRCLE
ORLANDO, FL 32832 US

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.

SIGNATURE: AMY WOOD

11/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GERSHMAN, BARRY S
Address: 2513 CHEVAL STREET SUITE 2102
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: WOOD, AMY R
Address: 2513 CHEVAL STREET SUITE 2102
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GERSHMAN, BARRY S
Address: 14012 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: MGRM (X) Change () Addition
Name: WOOD, AMY R
Address: 14012 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY WOOD

MGMR

11/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date