

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2010 JUL 19 PM 4:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L05000004034 1. Limited Liability Company's Name Strike II Production Consultants, LLC					
2. Principal Office Address - No P.O. Box # 6259 GRANT FORD RD Suite, Apt. #, etc.		3. Mailing Office Address 6259 GRANT FORD RD GAINESVILLE GA 30506 Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State GAINESVILLE GA		City & State GAINESVILLE GA		5. Date Organized or Qualified To Do Business in Florida 01/13/2005	
Zip 30506	Country	Zip 30506	Country	6. FBI Number 202156126	
7. CERTIFICATE OF STATUS DESIRED ☒				Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent Name Michael J. Barker, Esq. Direct Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street Suite, Apt. #, Etc. 2200 City Jacksonville State FL Zip Code 32202					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S. Signature of Registered Agent <i>See Attached</i> Attached Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Douglas M. Smith	6259 GRANT FORD RD		GAINESVILLE GA 30506	
REINSTATEMENT -08-10					
11. E-mail Address cs@csindustrial.com (To be used for future annual report notifications)					
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 600, 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 608.400, F.S., and that all fees owed by the limited liability company have been paid. The information disclosed 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 <i>Stephen J. Smith</i>		Date July 15, 2010		Daytime Phone # 1-770-297-0463	
Typed or printed name of signing Managing Member/Manager _____					

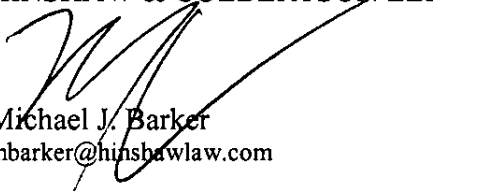
C.S.

July 16, 2010

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Sincerely,

HINSHAW & CULBERTSON LLP



Michael J. Barker
mbarker@hinshawlaw.com

MJB:lpk
Enclosures