

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000011979

Entity Name: REFLEXID, LLC

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

5008 CAPISTRANO CT.  
201  
ORLANDO, FL 32837 US

## New Principal Place of Business:

## Current Mailing Address:

5008 CAPISTRANO CT.  
201  
ORLANDO, FL 32837 US

## New Mailing Address:

FEI Number: 20-3383577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SEWRAJ, SURESH  
5008 CAPISTRANO CT.  
201  
ORLANDO, FL 32837 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: SURESH SEWRAJ

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SEWRAJ, SEWRAJ  
Address: CAPISTRANO CT.  
City-St-Zip: ORLANDO, FL 32837 FL

Title: MGR ( ) Delete  
Name: VAN ELDEREN, MARIA J  
Address: CAPISTRANO CT.  
City-St-Zip: ORLANDO, FL 32837 FL

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SEWRAJ, NEENA R  
Address: CAPISTRANO CT.  
City-St-Zip: ORLANDO, FL 32837 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SURESH SEWRAJ

CEO

10/16/2009

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