

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Mar 03, 2008**  
**Secretary of State**

DOCUMENT# L05000015089

**Entity Name:** FORE SYSTEMS, L.L.C.

**Current Principal Place of Business:**

414 E. MAXWELL STREET  
LAKELAND, FL 33803

**New Principal Place of Business:**

1800 S. HARDEN BLVD.  
LAKELAND, FL 33803

**Current Mailing Address:**

POB 2100  
LAKELAND, FL 33806

**New Mailing Address:**

**FEI Number:** 20-2350448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ARTMAN, STEPHEN H  
923 SOUTH FLORIDA AVE.  
LAKELAND, FL 33803    US

**Name and Address of New Registered Agent:**

BOLT, ROBERT S  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606    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: ROBERT S. BOLT

03/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FORE, R. SCOTT  
Address: 414 E. MAXWELL STREET  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: FORE, R. SCOTT  
Address: PO BOX 2100  
City-St-Zip: LAKELAND, FL 33806

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: SCOTT FORE

MGR

03/03/2008

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