

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:02

DOCUMENT # L05000070777 1. Entity Name FORT MEADE BUSINESS CAMPUS, LLC					
Principal Place of Business 200 N.W. 14TH ST. FORT MEADE, FL 33841			Mailing Address P.O. BOX 814 FORT MEADE, FL 33841		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 814</i>			
City & State <i>Fort Meade</i>		City & State <i>Fort Meade</i>		4. FEI Number 10082006 REIN-LLC CR2E101 (11/05)	
Zip <i>33841</i>		Country <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKUBA, KENNETH P 200 N.W. 14TH ST. FORT MEADE, FL 33841				7. Name and Address of New Registered Agent Name <i>Ken Skuba</i> Street Address (P.O. Box Number is Not Acceptable) <i>200 NW 14th</i> City <i>Fort Meade</i> FL Zip Code <i>33841</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKUBA, KENNETH P P.O. BOX 814 FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080785664 10/12/06--01067--019 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

REINSTATEMENT