

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PH 2:51

DOCUMENT # L05000116268

1. Limited Liability Company's Name

Battle Solutions, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 301 west Platt St		3. Mailing Office Address	
Suite, Apt. #, etc. 357		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33606	Country usa	Zip	Country

4. State/Country of Formation Florida, usa	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 01-0858866	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Reggie Battle			
Street Address (P.O. Box Number is Not Acceptable) 401 Harbour Place			
Suite, Apt. #, Etc. 1421			
City Tampa	State FL	Zip Code 33602	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Reggie Battle* Date 9.24.07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>mgem</i> <i>mm</i>	Reggie Battle	401 Harbour Pl #1421	Tampa, FL 33602

REINSTATEMENT

2006-2007

300110455553
10/08/07--01014--002 **105.00

BLT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated 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 *Reggie Battle* Date 9-24-07 Daytime Phone # 813-486-7539

Typed or printed name of signing Managing Member/Manager **Reggie Battle**