

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000003419

Entity Name: MICRIC, LLC

FILED
Oct 01, 2007
Secretary of State

Current Principal Place of Business:

490 SAIL LN.
401B
MERRITT ISLAND, FL 32953

New Principal Place of Business:

13425 PHOENIX DRIVE
ORLANDO, FL 328289341

Current Mailing Address:

490 SAIL LN.
401B
MERRITT ISLAND, FL 32953

New Mailing Address:

13425 PHOENIX DRIVE
ORLANDO, FL 328289341

FEI Number: 20-4079216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARI, RICHARD S
490 SAIL LN.
401B
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

AMARI, MICKEY L
13425 PHOENIX DRIVE
ORLANDO, FL 328289341 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: MICKEY L. AMARI

10/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMARI, RICHARD S
Address: 490 SAIL LN. #401B
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMARI, RICHARD S
Address: 13425 PHOENIX DRIVE
City-St-Zip: ORLANDO, FL 328289341

Title: MGR () Change (X) Addition
Name: AMARI, MICKEY L
Address: 13425 PHOENIX DRIVE
City-St-Zip: ORLANDO, FL 328289341

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: MICKEY L. AMARI

MGR

10/01/2007

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