


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR -7 AM 9:58

DOCUMENT # L06000054887	
1. Entity Name STEC, LLC	

Principal Place of Business 3825 HENDERSON BLVD SUITE 208 TAMPA, FL 33629 US	Mailing Address 3821 HENDERSON BLVD SUITE 208 TAMPA, FL 33629 US
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2. Principal Place of Business - No P.O. Box # 2512 W. Simms Blvd.	3. Mailing Address 2512 W. Simms Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

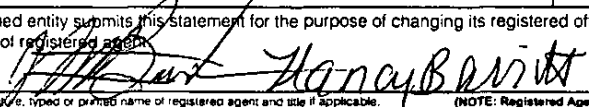
City & State Tampa, FL	City & State Tampa, FL
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Zip 33609-5313	Country US	Zip 33609-5313	Country US
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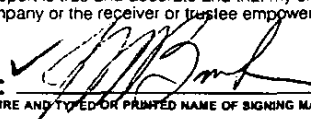
02252008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent REIBER, SAM 3821 HENDERSON BLVD TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Nancy J. Barritt Street Address (P.O. Box Number is Not Acceptable) 2512 W. Simms Blvd. City Tampa FL Zip Code 33609-5313	
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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 	DATE 3/5/08

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHMAN, JACOB 3825 HENDERSON BLVD TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Buchman, Jacob 3225 S. MacDill Ave., Unit 305 Tampa, FL 33629-8171 <input checked="" 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	000119697220 03/07/08--01038--001 **277.50 <input type="checkbox"/> Change <input checked="" 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
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
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

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: 	DATE 3/5/08 DAYTIME PHONE # 813-833-1019

REINSTATEMENT

WOP

07-08