PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 15 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

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1. Limited Liability Company's Name

FLA Tech Solutions LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
445 S Northlake Blvd	P.O. Box 150643
Suite, Apt. #, etc. 1075	Suite, Apt. #, etc.
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32701 Country USA	Zip 32715 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 8/3/06

6. FEI Number: 13-4340182 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: Jonathan Smith

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.: 445 S Northlake Blvd #1075

City: Altamonte Springs | State: FL | Zip Code: 32701

☑ 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: Jonathan Smith Date: 10/8/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Jonathan Smith	445 S Northlake Blvd #1075	Altamonte Springs, FL 32701

REINSTATEMENT

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 608.408, 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: Jonathan Smith Date: 10/8/08 Daytime Phone # 407-701-3612

Typed or printed name of signing Managing Member/Manager