

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JUN 30 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400157779864  
06/25/09--01036--013 \*\*516.25

CR2E041 (10/08)

DOCUMENT # L0600077436

1. Limited Liability Company's Name

FHA Tech Solutions LLC

2. Principal Office Address - No P.O. Box #

445 S Northlake Blvd

Suite, Apt. #, etc.

# 1075

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Office Address

P.O. Box 150643

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32715

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

8/3/06

6. FEI Number

134340182

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jonathan W. Smith

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

445 S Northlake Blvd

Suite, Apt. #, Etc.

# 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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 6/22/09

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
<u>mca</u>	<u>Jonathan W Smith</u>	<u>445 S Northlake Blvd</u>	<u>Altamonte Springs, FL 32701</u>

**REINSTATEMENT -07-09**

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

[Signature]

Date 6/22/09

Daytime Phone# (407) 701-3612

Typed or printed name of signing Managing Member/Manager

C.L.