

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 14 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000095906																											
1. Entity Name BALTIC TECHNOLOGY LLC																											
Principal Place of Business 495 BEACH ROAD HOBE SOUND, FL 33455		Mailing Address 495 BEACH ROAD 495 HOBE SOUND, FL 33455																									
2. Principal Place of Business - No P.O. Box 495 S. BEACH RD		3. Mailing Address 495 S. BEACH RD																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL																									
Zip 33455		Country USA																									
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION 201 N. FRANKLIN STREET, STE. 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: T.B. WALDIN Street Address (P.O. Box Number is Not Acceptable): 495 S. BEACH RD City: HOBE SOUND FL Zip Code: 33455																									
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: <i>T. Waldin</i> T. WALDIN DATE: May 5/08 (NOTE: Registered Agent signature required when reinstating)																											
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																											
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES																									
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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: <i>T. Waldin</i>		T. WALDIN DATE: May 5/08 561-309-9014																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																									