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COVER LETTER

TO: Registration Section Division of Corporations IRRIGATION MAPPING AND PERFORMANCE SOLUTIONS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VINU ABRAHAM Name of Person Firm/Company 12479 AVILES CIRCLE PALM BEACH GARDENS, FL 33418 City/State and Zip Code VABRAHAM@ARCHTEST.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VINU ABRAHAM Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$100 Filing Fee □ \$105 Filing Fee & □ \$130 Filing Fee & □ \$135 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

ARTICLES OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1.

CR2E097 (8/05)

The name of the company is ______

2.	The document number of the	e company is L06000098907
3.		te, if no effective date) of the Articles of orida Department of State was
4.	The revocation of dissolution the dissolution on SEPTEMBER	n was authorized in the same manner as
_	natures of the members having essary to approve the revocation	the same percentage membership interests n of dissolution:
Sign	nature	Typed or Printed Name
V	ay	VINU ABRAHAM
_ Sa	india Dallah	SANDRA ABRAHAM