

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC -4 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L06000122860</b> 1. Entity Name AP SOLUTIONS, LLC	
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Principal Place of Business 1548 SUMMER DOWN WAY JACKSONVILLE, FL 32259 US	Mailing Address 1548 SUMMER DOWN WAY JACKSONVILLE, FL 32259 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	4. FEI Number <b>20-8131321</b>	Applied For <input type="checkbox"/> Not Applicable
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11202007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent  CRABTREE, R R 8777 SAN JOSE BOULEVARD BUILDING A-200 JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
 After January 1, 2008, Fee will be \$100.00

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	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SIMONETTA, ANTHONY J
STREET ADDRESS	1548 SUMMER DOWN WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TOMPKINS, PAUL A
STREET ADDRESS	7400 POWERS AVENUE, SUITE 427
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800112717178
STREET ADDRESS	11/30/07--01017--002 **50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT  
2007

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: PAUL A TOMPKINS Date: 11-27-07 Daytime Phone #: (904) 424-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE