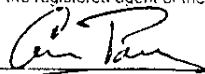
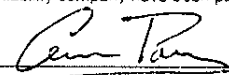


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # L07000021125 1. Limited Liability Company's Name TampaTeks, LLC											
2. Principal Office Address - No P.O. Box # 15100 Hutchison Rd Suite, Apt. #, etc. 117 City & State Tampa Zip 33625 Country Hillsborough		3. Mailing Office Address 15100 Hutchison Rd Suite, Apt. #, etc. 117 City & State Tampa Zip 33625 Country Hillsborough									
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 02/26/2007									
6. FEI Number 830476403		☐ 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 Cesar A. Ponce Street Address (P.O. Box Number is Not Acceptable) 15100 Hutchison Rd Suite, Apt. #, Etc. 117 City Tampa State FL Zip Code 33625											
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  Date 07/22/2010 REGISTERED AGENT MUST SIGN											
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Member/Manager</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Cesar A. Ponce</td><td>15100 Hutchison Rd, Ste 117</td><td>Tampa, FL 33625</td></tr></tbody></table> REINSTATEMENT -08-10				Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Cesar A. Ponce	15100 Hutchison Rd, Ste 117	Tampa, FL 33625
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip								
MGR	Cesar A. Ponce	15100 Hutchison Rd, Ste 117	Tampa, FL 33625								
11. E-mail Address <u>cesar@tampateks.com</u> (To be used for future annual report notifications)											
12. 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  Date 07/22/2010 Daytime Phone # 813-417-5349 Typed or printed name of signing Managing Member/Manager Cesar A. Ponce											