

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000024331 1. Entity Name BLUEBRICK TECHNOLOGIES LLC			
Principal Place of Business 123 LUDLOW DR LONGWOOD, FL 32779 US		Mailing Address 123 LUDLOW DR LONGWOOD, FL 32779 US	
2. Principal Place of Business - No P.O. Box # 4815 NEW BROAD ST		3. Mailing Address 4815 NEW BROAD ST	
Suite, Apt. #, etc. APT# 3025		Suite, Apt. #, etc. APT# 3025	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32814		Zip 32814	
Country ORANGE		Country ORANGE	
4. FEI Number 20-8580681		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 LARSON, ALAN W 123 LUDLOW DR LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name ALAN W LARSON Street Address (P.O. Box Number is Not Acceptable) 4815 NEW BROAD ST APT# 3025 City ORLANDO FL Zip Code 32814	
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 <small>Signature, typed or printed name of registered agent and file if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 10/20/08	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, ALAN W 123 LUDLOW DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM ALAN W LARSON 4815 NEW BROAD ST APT# 3025 ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137165635 10/22/08--01023--003 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 10/20/08 Daytime Phone # 407-897-0975	

FILED
08 OCT 27 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202008 REIN-LLC CR2E101 (1/07)

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