


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 OCT -8 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000034814					
1. Entity Name <b>MAVERICK, THE SOFTWARE COMPANY, LLC</b>					
Principal Place of Business: <b>16440 84TH COURT, NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address: <b>16440 84TH COURT, NORTH LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10072008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number <b>20-8938354</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<div style="font-size: 2em; font-family: cursive; text-align: center;">JK</div>			Name <b>CorpDirect Agents, Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>515 E. Park Avenue</b>		
			City <b>Tallahassee</b>		FL Zip Code <b>32301</b>
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>Katie Wmorch, Asst. Sec.</i>				DATE <b>10/8/08</b>	
<b>FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MCNICHOLAS, PATRICK V 16440 84TH COURT, NORTH LOXAHATCHEE, FL 33470</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.5em; font-weight: bold; text-align: center;">700136891727</div> <div style="font-size: 1.2em; text-align: center;">10/14/08--01004--061 Change # 08</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 3em; font-weight: bold; text-align: center; opacity: 0.5;">REINSTATEMENT 2008</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.5em; font-weight: bold; text-align: center;">700136891727</div>	
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9. 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>Patrick Mc Nicholas</i>		DATE: <b>10-6-08</b>		PHONE: <b>561-333-5300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					