

**LOT00034814**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GREENBERG TRAUIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 955-7600  
Fax Number : (561) 338-7099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Patrick@gotomaverick.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 20 AM 9:49  
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RECEIVED  
10 OCT 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
MAVERICK, THE SOFTWARE COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75


D. BRUCE  
OCT 21 2010  
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # L07000034814</b> 7. Limited Liability Company's Name <b>Maverick, The Software Company, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>16440 84th Court North</b>		3. Mailing Office Address <b>16440 84th Court North</b>		4. State/Country of Formation <b>FL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>04/02/2007</b>	
City & State <b>Loxahatchee, FL</b>		City & State <b>Loxahatchee, FL</b>		6. FEI Number <b>20-8908354</b>	
Zip <b>33470</b>	Country <b>USA</b>	Zip <b>33470</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent Name <b>Patrick V. McNicholas</b> Street Address (P.O. Box Number is Not Acceptable) <b>16440 84th Court North</b> Suite, Apt. #, Etc. City <b>Loxahatchee</b> State <b>FL</b> Zip Code <b>33470</b>					
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 <i>Patrick V. McNicholas</i> Date <b>10/18/2010</b> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
<b>Mgr</b>	<b>Patrick V. McNicholas</b>	<b>16440 84th Court North</b>		<b>Loxahatchee, FL 33470</b>	
2010 DB					
11. Email Address: <b>m2020@businessfl.com</b> (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 608.402, 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 <i>Patrick V. McNicholas</i> Date <b>10/18/10</b> Deleters Phone # <b>772 216 8535</b> Typed or printed name of signing Managing Member/Manager <b>Patrick V. McNicholas, Manager</b>					

CR22041 (08/10)