

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000054038

FILED
Jan 08, 2009
Secretary of State

Entity Name: KESTREL TECHNOLOGIES LLC

Current Principal Place of Business:

151 SPANISH OAK LANE
APOPKA, FL 32703

New Principal Place of Business:

940 CENTRE CIRCLE
SUITE 2012
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

151 SPANISH OAK LANE
APOPKA, FL 32703

New Mailing Address:

940 CENTRE CIRCLE
SUITE 2012
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-0225694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SYLVAIN, SAMERSON
151 SPANISH OAK LANE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

SYLVAIN, SAMERSON
1882 CRANBERRY ISLES WAY
APOPKA, FL 32712 US

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.

SIGNATURE: SAMERSON SYLVAIN

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SYLVAIN, SAMERSON
Address: 151 SPANISH OAK LANE
City-St-Zip: APOPKA, FL 32703

Title: MGR (X) Delete
Name: SYLVAIN, VALENSKY
Address: 610 RUGBY STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SYLVAIN, SAMERSON
Address: 1882 CRANBERRY ISLES WAY
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMERSON SYLVAIN

MGR

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date