


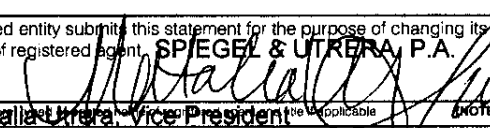
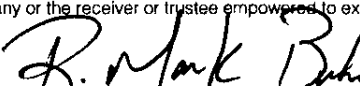


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |  |                     |  |  |   |   |  |
|--|--|---------------------|--|--|---|---|--|
| <b>DOCUMENT # L07000115468</b><br>1. Entity Name<br><b>MARVIC SOLUTIONS, LLC</b>   |  |                     |  |   |   | <b>FILED</b><br><b>09 JAN 22 PM 2: 24</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br> |  |
| Principal Place of Business<br><b>6119 EVERLASTING PLACE<br/>LAND O'LAKES, FL 34639</b>  |  |                     |  | Mailing Address<br><b>6119 EVERLASTING PLACE<br/>LAND O'LAKES, FL 34639</b>  |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  | <br>01062009 REIN-LLC CR2E101 (1/07)   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |  |   |   |  |
| City & State   |  | City & State        |  |  |   |   |  |
| Zip  |  | Zip                 |  |  |   |   |  |
| 4. FEI Number<br><b>26-1422997</b>   |  |                     |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |  | <b>\$5.00</b> Additional Fee Required  |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>SPIEGEL &amp; UTRERA PA</b><br><b>1840 SOUTHWEST 22ND STREET 4TH FLOOR</b><br><b>MIAMI, FL 33145</b>  |  |                     |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |   |  |
| 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, <b>SPIEGEL &amp; UTRERA, P.A.</b>  |  |                     |  | By: <br>SIGNATURE <b>Natalia Utrera, Vice President</b> (NOTE: Registered Agent signature required when reinstating) |   |   |  |
| <b>FILE NOW!!! FEE IS \$277.50</b>   |  |                     |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.   |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>BURKE, RONALD M</b><br><b>6119 EVERLASTING PLACE</b><br><b>LAND O'LAKES, FL 34639</b> <input type="checkbox"/> Delete |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>BURKE, RONALD M</b><br><b>6119 EVERLASTING PLACE</b><br><b>LAND O'LAKES, FL 34639</b> <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <b>REINSTATEMENT 2008-2009</b><br><b>400141745244</b><br><b>01/22/09--01014--004 **277.50</b>  |  |                     |  |  |   |   |  |
| 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. |  |                     |  |  |   |   |  |
| <b>SIGNATURE:</b>   |  |                     |  | <b>Ronald M. Burke, Mgr</b>  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     |  | Date <b>12/31/2008</b>   |   | Daytime Phone <b>813-995-9940</b>   |  |