PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # LOGODO 1896   1. Introduction of the labelity company's terms Datum Compating Systems LLL  2. Principal Office Address - No P.O. Box 8   3. Milling Office Address   45.32 U Kenney By P.O. Box 8   3. Milling Office Address   45. Suite, Apr. 8, and   5. Dele Constricts of Outlined   75. Dele Constricts	COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS		FILED  14 FEB 28 PM 2: 44  SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3 Maining Office Address 4 State PO BOX 4 2	Limited Liability Company's Name		I MEEDI MOORE, CONDE
2. Principal Office Address 1.0 P.O. Box 8 4 3 Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  City	Datum Computing Sy	istems LLL	
4. State Country of Formation  Suite, Apr. etc.  Suite (Apr. etc.)  Suite (	To the second se		CR2E041 (1/14)
City & State  Ci	4532 W Kennedy Bl	PO BOX42	
City & State    Applied For	Suite, Apt. #, etc. 0		Date Organized or Qualified     To Do Business in Florida
29 3600 US A 34.56 US A 7. CERTIFICATE OF STATUS DESIRED \$5.00 Address of Current Registered Agent  8. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  402 City  Tamps  Wenn edg Box State Specification of Status  Suite, April 9, Etc.  700256934937  702/28/14—01038—018 ***138, 75  700256934937  702/19/14—01021—018 ***655, 00  Tamps  9. I. being appointed the registered agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  10. Names and Street Addressas of Authorized Representatives Managers  Name of Authorized Representatives Authorized Representative Managers  Authorized Representative Windingers  FEB 28 2014  R. HUNT  11. E-mail Address  Kosmos Authorized Representative Windingers  12. Toerufy that I am an authorized representative Windingers or the receiver of trustee employed for in Chapter 606, F.S. I further centrify that when filling the refiniteenest application as provided for in Chapter 606, F.S. I further centrify that when filling the refiniteenent application of the Sciological F.S. S. and as I made under outh 1 an exercise fill and even feigle effect.	Tampa FL	NPRFL	6. FEI Number Applied For
8. Name and Address of Current Registered Agent  Name  **Sama**  **Succession**  Street Address (P.O. Box Number is Not Acceptable)  **Succession**  Street Address (P.O. Box Number is Not Acceptable)  **Succession**  **Suc	3 3608 Country USA		7. \$5.00 Additional Fee required
Street Address (P.O. Box Number is Not Acceptable)  V. S. 22 (W. K. e.m. ed.g. B/W)  Suite, Apt.*, Etc.  City  Tamps  9. 1, being appointed the registered agent of the above samed limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Managers  Authorized Representatives/ Managers  Authorized Representatives/ Managers  Authorized Representatives/ Managers  AUTO			
Suite, Apt. #, Etc.  402  City  Tamps  9. I, being appointed the registered agent of the above samed limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  Name of Authorized Representatives/Managers  Titles  Name of Authorized Representatives/Managers  Titles  Name of Authorized Representatives/Managers  Titles  Kos Kezzari des  4532 w Kannady B/Vd  Tamps FL 33607  REFINSTATEMEN  11. E-mail Address:  Kosnase  Authorized Representatives/Managers  FEB 28 (01)  REFINSTATEMEN  12. Locrify that I am an authorized representative/manager or the receiver or fusited empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filling this reinstatement application has been empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filling this reinstatement application the reson for dissolution has been empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filling this reinstatement application the reader and my signature shall have the same legal effect as I made under each. I am aware that false information of which the same legal effect as I made under each. I am aware that false information of which the same legal effect as I made under each. I am aware that false information of which the same legal effect as I made under each. I am aware that false information of which the same legal effect as I made under each. I am aware that false information of which the same legal effect as I made under each. I am aware that false information of whicher to the decreament of Section decreament of Sectio	Street Address (P.O. Box Number is Not Acceptable)		700256934937 02/28/1401038018 **138,75
Street Address of Each Authorized Representatives/ Menagers  Atthorized Representatives/  Representatives/ Representatives/ Menagers  Atthorized Representatives/ Representatives/ Representatives/ Menagers  Atthorized Representatives/ Represe			700256934937 02/19/1401021018 **655,00
9. I, being appointed the registered agent of the above samed limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/Managers  Titles  Name of Authorized Representatives/ Authorized Representatives/ Manager  Authorized Representative/ Representative/ Manager  Authorized Representative/ Manager  Authorized Representative/ Representative/ Manager  FEB 28 2014  R. HUNT  11. E-mail Address: Kosnos@ data: Cauating Su Steus Continued and Continued Representative Production as provided for in Chapter 608, F.S. I further certify that then filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012, F.S., and that all fees owed by the limited liability company have been poin, The information indicated on this application is true and accurate, and my signature shall have the same feegal effect as if made under oath, I am wavers that false information submitted to be Department of State constitutes as provided in Str.1155, F.S. and that all fees owed by the limited liability company have satisfies the requirements of section 605,0012, F.S., and that all fees owed by the limited liability company have satisfies the requirements of section 605,0012, F.S., and that all fees owed by the limited liability company have satisfies the requirements of section 605,0012, F.S., and that all fees owed by the limited liability company have satisfies the requirements of section 605,0012, F.S., and that all fees owed by the limited liability company have satisfies the requirements of section 605,0012, F.S., and that all			
Name of Authorized Representatives/ Authorized Representatives/ Managers  ARE Kos Kezewi des 4532 u Kennedy B/V d 76 up FL 33607  REINSTATEMEN R. HUNT  11. E-mail Address: Kosnos d datus capating Su stens. Com (To brused for futury annity report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608. F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, 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. I am am ware that false information is under cath. I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608. F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, 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. I am aware that false information as submicted to the Department of State constitutes a third degree felony as provided in s. 817,155, F.S.	9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent Date		
Authorized Representatives/ Managers  Authorized Representative/ Manager  Authorized Representative/ Manager  Authorized Representative/ Manager  Authorized Representative/ Manager  Tanpar FL 33607  FEB 28 1011  R. HUNT  11. E-mail Address: Kosmas@ datas conditions by September 1 (To be used for fully annily report notifications)  12. I certify that I am an authorized representative/manager or the receiver or furtise empowered to execute this application as provided for in Chapter 608. F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, 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. I am eware that talse information submitted to the Popartment of State constitutes a third degree reference at new reference and my signature shall have the same legal effect as if made under oath. I am eware that talse information submitted to the Popartment of State constitutes a third degree reference at new reference and my signature shall have the same legal effect as if made under oath. I am eware that talse information submitted to the Popartment of State constitutes a third degree reference as the degree reference			
REINSTATEMEN  11. E-mail Address: Kosnos@ dates (cupating Su Stens). Com  (To be used for fully annily report notifications)  12. I certify that I am an authorized representative/manager or the receiver or frustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012, F.S., and that all fees owned 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817, 155, F.S.	Authorized Representative Managers	es/ Authorized Represental Manager	ative/ City / State / Zip
REINSTATEMEN  11. E-mail Address: Kosmos & datus Country annia report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information submitted to be Department of State constitutes a third degree felony as provided in s. 817, 155, F.S.	AK Kos Kezenide	25 4532 w Kennedy B	11Vd TampA FL 33609
REINSTATEMEN  11. E-mail Address: Kosmos & datus Country annia report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information submitted to be Department of State constitutes a third degree felony as provided in s. 817, 155, F.S.			
11, E-mail Address: Kosmos adatum counting Sustems (To be used for future annula report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information sumited to the Department of State constitutes a third degree felony as provided in s. 817,155, F.S.	DESTACORACION		FEB 28 2014
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.	KEINSIAII	EMENT	R. HUNT .
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
as if made under oath. I am aware that false information sufficient to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.	12. I certify that I am an authorized representative/n when filing this reinstatement application the reason that all fees owed by the limited liability company has	manager or the receiver or trustee empowered to execut n for dissolution has been eliminated, the limited liability of ave been paid. The information indicated on this application	ite this application as provided for in Chapter 608, F.S. I further certify that company name satisfies the requirements of section 605,0012, F.S., and ion is true and accurate, and my signature shall have the same legal effect.
700007200 Noprocentative manager	as if made under oath. I am aware that false informations Signature of	ation summitted to the Department of State constitutes a t	third degree felony as provided in s. 817.155, F.S.