2010 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT								SECRETARY OF STATE SIVISION OF CORPORATIONS					
DOCUMENT # L09000104794						W.			JIVISIO	N OF C	ORPOR	IALE 'ATIONS	
1. Entity Nam		STEMS, LLC						10 SE	P 27	DM 0			
					36				T OL	(rn J	₹15	
Principal Plac	e of Busines	s	Mailing Address		40								
5380 PADDI	NGTON DRIV	/E	5380 PADDINGTON DRIVE										
TALLAHASSEE, FL 32309-6868 TALLAHASSEE, FL 32309-6												•	
Principal Place of Business - No P.O. Box # 3. Mailing Address													
· ·			M							COLUMBIAN N		EOL #1 1EO1	
Suite, Apt. #, etc.			Suite: Apt. #, etc.		/	09272010	REIN-LLC	(CR2E10	1 (1/07)			
City & State			City & State			4. FEI Numb	er				plied For 1 Applicable		
Zip		Country Zip		Count			5. Certificate	of Status Desi	red [.00 Add	itional	
6. Name and Address of Current R			legistered Agent			7. Name and	d Address of N	ew Regist		e Required	1		
NICHOLSON, HUGH							•	•					
5380 PAD	DINGTON	DRIVE		Street Address (P.O. Box Number is Not Acceptable)									
TALLAHASSEE, FL 32309-6868													
					City					FL	Zip Code	,	
			the purpose of changing its re	egistere	ed office or r	registere	ed agent, or bo	oth, in the State	of Florida.	I am fan	iliar with,	and accept	
the obligations of registered agent. SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a													
		EE IS \$238.75 1, Fee will be \$377.50	$\parallel \parallel$	K		c	Make ch						
	ary 1, 201				V /	<u> </u>			orida De _l		t of State	,	
9. TITLE	MGR	MANAGING MEMBER	IS/MANAGERS	10, TITLE				ADDITI	ONS/CHA		Change	Addition	
NAME	NICHOLSON, HUGH			NAM	E					-			
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS								
11. I hereby o	ertify that the	information supplied with t	his filing does not qualify for th	hé exe	-ST-ZIP mptions con	itained ii	n Chapter 119,	Florida Statute	s. I further	certify th	at the infor	rmation	
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.													
The still													
SIGNAT		IND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR	AUTHORIZED F	REPRESEN	ITATIVE '	7 /27 /C		850 Dayfir	A Phone #	17076	