PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

ARTICLES ACCEPTED AND FILED

16 AUG 16 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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08/16/16--01014--009 **377.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000161320

1. Limited Liability Company's Name
Airfield Pavement Management Systems, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1217 Richview Rd	SAME
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Tallahassee, FL	City & State
Zip: 32301-3625 Country: USA	Zip Country

CR2E041 (1/14)

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: October 16, 2014

6. FEI Number: 46-3604052 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8 **Name and Address of Current Registered Agent**

Name: Vu C. Trinh

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1217 Richview Rd

Apt. #, Etc

City: Tallahassee State: FL Zip Code: 32301-3625

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.

X Signature of Registered Agent: Vu C Trinh Date: 8-16-2016
REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Vu C. Trinh	1217 Richview Rd	Tallahassee, FL 32301-3625

11. E-mail Address: vt2009@embarqmail.com
(To be used for future annual 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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Vu C Trinh Date: 8-16-2016 Daytime Phone #: 850-980-8622

Typed or printed name of signing authorized representative/member: Vu C. Trinh

K. ASHTON