PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

MAY 31 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L95000000679

DOCUMENT # L95000000679

500005691685--6
-06/05/02--01012--015
****205.00 ****205.00

1. Limited Liability Company's Name

FTL Information Systems, LC

2. Principal Office Address	3. Mailing Office Address
1100 Lee Wagener Blvd	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State
Zip: 33315 Country: USA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 9/06/95

6. FEI Number: 65-0614322 ☐ 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: MARY MAINO

Street Address (P.O. Box Number is Not Acceptable): 1170 Lee Wagener Blvd

Suite, Apt. #, Etc.: Suite 200

City: Fort Lauderdale State: FL Zip Code: 33315

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Mary Maino REGISTERED AGENT MUST SIGN Date: 5/29/02

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mary Maino	1170 Lee Wagener Blvd #200	Ft Lauderdale FL 33315
MGR	Brian Barrett	1170 Lee Wagener Blvd #200	Ft. Lauderdale, FL 33315
MGR	Freddie A. Laker	1100 Lee Wagener Blvd #101	Ft. Lauderdale, FL 33315

2001-02

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: Freddie Laker Date: 5/29/02 Daytime Phone #: 954-359-3670

Typed or printed name of signing Managing Member/Manager: FREDDIE LAKER, Manager

FILED

02 MAY 31 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 31, 2002

FTL INFORMATION SYSTEMS, L.C.
1100 LEE WAGENER BLVD., STE. 101
FORT LAUDERDALE, FL 33315

SUBJECT: FTL INFORMATION SYSTEMS, L.C.
Ref. Number: L95000000679

We have received your document for FTL INFORMATION SYSTEMS, L.C. and check(s) totaling $205.00. However, your check(s) and document are being returned for the following:

A LIMITED LIABILITY COMPANY MUST BE EITHER MANAGER MANAGED OR MEMBER MANAGED NOT BOTH. PLEASE CORRECT BLOCK 10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

To: Agnes Lunt
Document Specialist

Letter Number: 402A00035426

From: Melanie Strickland
Please backdate to 5-31-02
Have A Wonderful Week!
Thank-you So Much!
Pick up 3:30 6-3-02

RECEIVED
02 JUN -3 PM 3:36
DIVISION OF CORPORATION

CT CORPORATION

CORPORATION(S) NAME

FTL Information Systems, LC

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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DIVISION OF CORPORATION

Name Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/31/02

Order#: 5383983

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615