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Florida Department of State

Division of Corporations

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Account Name : WESLEY M. ROBINSON, PROFESSIONAL ASSOCIATION
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LIMITED LIABILITY REINSTATEMENT

OPEN SYSTEMS L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JAN -7 PM 1:00

DOCUMENT # L97000000312

1. Limited Liability Company's Name

OPEN SYSTEMS L.L.C.

2. Principal Office Address	3. Mailing Office Address
501 Brickell Key Drive	501 Brickell Key Drive
Suite, Apt. #, etc.: Suite 504	Suite, Apt. #, etc.: Suite 504
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. State/Country of Formation: FL

5. Date Organized or Qualified to Do Business in Florida: March 7, 1997

6. FEI Number: 65-0774062 ☐ 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: Wesley M. Robinson, Esq.

Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive

Suite, Apt. #, Etc.: Suite 504

City: Miami State: FL Zip Code: 33131

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: Wesley M. Robinson — Date: 11/29/99

REGISTERED AGENT MUST SIGN

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
MGRM	William Corredor	501 Brickell Key Drive Suite 504	Miami, FL 33131

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: [signature] Date: Jan 03/2000 Daytime Phone #: 305-377-3352

Typed or printed name of signing Managing Member/Manager: William Corredor