

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 23 AM 11:01

DOCUMENT # **L97000000446**

1. Limited Liability Company's Name

**FUTURE MICROWAVE SYSTEMS, LC**

2. Principal Office Address

**1751 NW 79TH AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33126**

Country

**U.S.**

3. Mailing Office Address

**P.O. Box 637**

Suite, Apt. #, etc.

City & State

**SOLANA BEACH, CA**

Zip

**92075**

Country

**U.S.**

4. State/Country of Formation

**FLORIDA, U.S.**

5. Date Organized or Qualified  
To Do Business in Florida

**APRIL 23, 1997**

6. FEI Number

**65-0749276**

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

**ROBERT C. WHITE, JR** c/o Kirkpatrick & Lockhart LLP

Street Address (P.O. Box Number is Not Acceptable)

**201 South Biscayne Blvd.**

Suite, Apt. #, Etc.

**Suite 2000**

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

REGISTERED AGENT MUST SIGN

Date

**5/17/00**

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	AUGUSTO AREVALO	P.O. Box 637	SOLANA BEACH, CA 92075
MGRM	Gregory Paul Karl	P.O. Box 637	SOLANA BEACH, CA 92075
MGRM	PIA CAROLINA RODRIGUEZ	P.O. Box 637	SOLANA BEACH, CA 92075

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

Date

**2-19-00**

Daytime Phone

**(858) 755-3357**

Typed or printed name of signing Managing Member/Manager

**AUGUSTO AREVALO**