


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 02 JAN 15 PM 1:39	
DOCUMENT # <u>L98000000306</u>							
1. Limited Liability Company's Name 6M Systems, L.L.C. REINSTATEMENT 1999-2002							
2. Principal Office Address 1219 No. Brandywine Circle (same) Suite, Apt. #, etc. City & State Ft. Myers, FL Zip 33919 Country USA				3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country			
4. State/Country of Formation Florida, USA				5. Date Organized or Qualified To Do Business in Florida 3/12/98			
6. FEI Number 65-0824723				Applied For Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name John J. Malloy Street Address (P.O. Box Number is Not Acceptable) 1219 No. Brandywine Circle Suite, Apt. #, Etc. City Ft. Myers, State FL Zip Code 33919							
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 <u><i>John J. Malloy</i></u> Date <u>1/10/02</u> 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 <u>MGRM</u> John J. Malloy 1219 No. Brandywine Circle, Ft. Myers, FL 33919 <u>MGRM</u> Cecelia B. Malloy 1219 No. Brandywine Circle, Ft. Myers, FL 33919 REINSTATEMENT							
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 <u><i>John J. Malloy</i></u> Date <u>1/10/02</u> Daytime Phone # <u>941 437 2367</u> Typed or printed name of signing Managing Member/Manager John J. Malloy							

CR2E041 (9/01)

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ROBERT J. MALLOY, ESQUIRE
A PROFESSIONAL CORPORATION

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OF COUNSEL
RICHARD M. PESCATORE, ESQUIRE
CERTIFIED CIVIL TRIAL ATTORNEY

January 14, 2002

SENT VIA UPS OVERNIGHT

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
ATTN: Registration Section

Re: 6M Systems, LLC
Corp. No. L98000000306
FEI No. 65-0824723
Our File No. 99-5-10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 15 PM 1:39

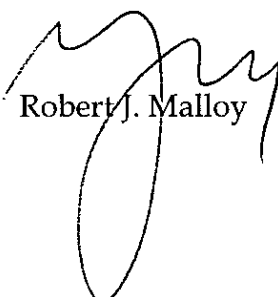
Dear Sir/Madam:

This office represents 6M Systems, LLC, and is also the registered agent for said company. We were recently made aware that this company was dissolved for failure to file annual reports.

We never received any annual report forms, and were not aware that we needed to file annual report forms.

Enclosed is a completed Reinstatement form, along with our check in the amount of \$205 (\$50 for 1999, 2000, 2001 and 2002; and \$5 for Certificate of Status). Please reinstate 6M Systems, LLC and forward a Certificate of Status to our office as soon as possible. Thank you.

Sincerely,


Robert J. Malloy

RJM:sjb
Encl.