LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 298-373

1. Limited Liability Company's Name

Versatech West, L.C.

2. Principal Office Address	**3.** Mailing Office Address	
1356 NW Boca Raton Blvd	1356 NW Boca Raton Blvd	**4.** State/Country of Formation Florida, USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida
City & State Boca Raton FL	City & State Boca Raton FL	**6.** FEI Number
Zip 33432	Country USA	Zip 33432	Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☐

6. FEI Number — ☐ 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: Vincent J. Lennox, JR.

Street Address (P.O. Box Number is Not Acceptable): 1356 NW Boca Raton Blvd.

Suite, Apt. #, Etc.

City: Boca Raton   State: FL   Zip Code: 33432

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 8/1/00

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 CEO	Vincent J. Lennox, JR	1356 NW Boca Raton Blvd	Boca Raton FL 33432
MGRM COO	Ron Stockwell		
MGRM VP	Anthony Trombetta	1356 NW Boca Raton Blvd	Boca Raton FL 33432
			8000093357768--7 -08/15/00--01047--001 ****150.00 ****150.00

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 a 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 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 made under oath.

Signature of Managing Member/Manager _____   Date 8/1/00   Daytime Phone # 561/395-6434

Typed or printed name of signing Managing Member/Manager Vincent J. Lennox, Jr

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