

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001657

1. Limited Liability Company's Name

CYBEROPTIC GROUP, LLC

2. Principal Office Address

8257 WHITE ROCK CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

3. Mailing Office Address

4781 NORTH CONGRESS AVE

Suite, Apt. #, etc.

City & State

LANTANA

Zip

FL

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

AUGUST, 1997

6. FEI Number

65-0876981

Applied For

Not Applied For

7. CERTIFICATE OF STATUS DESIRED ☒ ~~_____~~

8. Name and Address of Current Registered Agent

Name

JONATHAN A. CASTLEMAN

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

8257 WHITE ROCK CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

12/20/99

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
PRESIDENT	JONATHAN A. CASTLEMAN	8257 WHITE ROCK CIRCLE	BOYNTON BEACH, FL 33436
V.P.	MICHAEL J. EVANS	3661 NW 100TH AVENUE	CORAL SPRINGS, FL 33065

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

12/20/99

Daytime Phone #

561-738-2206

Typed or printed name of signing Managing Member/Manager

JONATHAN A. CASTLEMAN