

L98000001657

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 15 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001657**

1. Limited Liability Company's Name

CYBEROPTIC GROUP, LLC

500007223845--9
-08/20/02--01049--003
****205.00 ****205.00

2. Principal Office Address 1700 N. DIXIE HWY. Suite, Apt. #, etc. #146 City & State BOCA RATON, FL Zip 33432 Country USA		3. Mailing Office Address 1700 N. DIXIE HWY Suite, Apt. #, etc. #146 City & State BOCA RATON, FL Zip 33432 Country USA	
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4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 8 AUGUST 1998	
6. FEI Number 65-0876981	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 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

Jonathan A. Castleman
REGISTERED AGENT MUST SIGN

Date **8/12/2002**

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
MEMBER	JONATHAN A. CASTLEMAN	8257 WHITE ROCK CIRCLE	BOYNTON BEACH, FL 33436

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

Jonathan A. Castleman

Date **8/12/2002**

Daytime Phone # **901-866-3356**

Typed or printed name of signing Managing Member/Manager

JONATHAN A. CASTLEMAN

CR25041 (9/01)

REINSTATEMENT

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