


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (11/09)

DOCUMENT # L98000003515

1. Limited Liability Company's Name
Ventry Engineering, LLC

2. Principal Office Address - No P.O. Box # 300 Camellia Drive Suite, Apt. #, etc.		3. Mailing Office Address 300 Camellia Drive Suite, Apt. #, etc.	
City & State Quincy, Florida		City & State Quincy, Florida	
Zip 32351	Country USA	Zip 32351	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/31/1998

6. FEI Number
59-3550271

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Van P. Geeker c/o Iglar & Dougherty, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1501 Park Avenue, East

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Van P. Geeker Date 3/16/10

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
MGRM	Linda C. Ventry	300 Camellia Drive	Quincy, Florida 32351

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REINSTATEMENT 2008-2010

11. E-mail Address: ventryengineering@netzero.com

12. 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 Linda C. Ventry Date 2-12-10 Daytime Phone # 850-627-7968

Typed or printed name of signing Managing Member/Manager Linda C. Ventry