

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  
02 JUL -3 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001831

1. Limited Liability Company's Name

Petra Computing LLC

2. Principal Office Address

908 NW 57th St.

Suite, Apt. #, etc.

Suite C

City & State

Gainesville, FL

Zip

32605

Country

US

3. Mailing Office Address

908 NW 57th St.

Suite, Apt. #, etc.

Suite C

City & State

Gainesville, FL

Zip

32605

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

59-3637660

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

Dr. Adli J. Karadsheh

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

1919 NW 107th Way

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Date

6/13/02

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
MGR	Ben Rocha	5045 SE 44th St.	Ocala FL 34480

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

6/13/02

Daytime Phone #

(352) 331-7900

Typed or printed name of signing Managing Member/Manager

Ben Rocha

CR2E041 (9/01)