

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000007185

1. Limited Liability Company's Name

TECHNISOURCE. LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 1:33

9/29/00

2. Principal Office Address 1901 W CYPRESS CREEK ROAD		3. Mailing Office Address 1901 W CYPRESS CREEK ROAD		4. State/Country of Formation FLORIDA/USA	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200		5. Date Organized or Qualified To Do Business in Florida 10/28/99	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		6. FEI Number 65-0958382	
Zip 33309	Country USA	Zip 33309	Country USA	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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

400003796914-0
-03/05/01-01014-004
****205.00 ****205.00

CR2B041 (9/99)

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

Deborah D. Skipper

Deborah D. Skipper
Asst. Secretary

Date 1-18-01

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
CEO, Mgr	JOSEPH W. COLLARD	3040 JASMINE TERRACE	DELRAY BEACH, FL 33483
COO/EV/ S 1P, Mgr	JAMES F. ROBERTSON	27 CAYUGA ROAD	FORT LAUDERDALE, FL 33308
CFO/EV/ T/AS, Mgr	ANDREW C. HILL	5000 N OCEAN BLVD., #208	FORT LAUDERDALE, FL 33308

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

Andrew C. Hill

Date 1/18/01

Daytime Phone # 954-493-8601

Typed or printed name of signing Managing Member/Manager

Andrew C. Hill, Mgr