L99000009357

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3053796917

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -3 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/05/03--01056--032 **305.00

DOCUMENT # L99000009357

1. Limited Liability Company's Name
FLEX KNOWLEDGE, LLC

2. Principal Office Address		3. Mailing Office Address	
7150 W. 20th AVE		7150 W. 20th AVE	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc. 410	
City & State HIALEAH		City & State HIALEAH FL	
Zip 33016	Country MIAMI-DADE	Zip 33016	Country MIAMI-DADE

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/30/99

6. FEI Number: 65-0980998 — 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: RAYMOND A. REISER
Street Address (P.O. Box Number Is Not Acceptable): 7150 W. 20th AVENUE
Suite, Apt. #, Etc. 410
City: HIALEAH State: FL Zip Code: 33016

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: [signature] Date 02/25/03
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	FRANK N. TODD	7150 W 20th AVE SUITE 412	HIALEAH FL 33016
MGR	RAYMOND A. REISER	7150 W 20th AVE SUITE 410	HIALEAH FL 33016
MGR	JEFF LOCKOUTE	34 Gail Lane	Windsor, CT 0607'

REINSTATEMENT 2000 2003

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: [signature] Date 02/25/03 Daytime Phone # 305 3785316

Typed or printed name of signing Managing Member/Manager: Raymond A. Reiser