

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

01 OCT 23 PM 12:17

SECRETARY OF STATE
 ALLAHASSEE, FLORIDA

DOCUMENT # **M 00000001500**

1. Limited Liability Company's Name

ION TRACK INSTRUMENTS LLC

REINSTATEMENT 2001

2. Principal Office Address

3. Mailing Office Address

205 LOWELL ST

205 LOWELL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WILMINGTON MA

WILMINGTON MA

Zip

Country

Zip

Country

01887

USA

01887

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

1/21/00

6. FEI Number

04-3498525

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

600004659116-4

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

1201 HAYS STREET

-10/30/01-01051-011

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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] as its agent

BRIAN COURTNEY, ASST. V.P.

Date **10-22-01**

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	ANTHONY JEWKINS	205 LOWELL ST	WILMINGTON MA 01887
MGR	ANDREW HAWES	205 LOWELL ST	WILMINGTON MA 01887

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 **10/17/01**

Daytime Phone # **978 658 3767**

Typed or printed name of signing Managing Member/Manager

ANDREW HAWES

CR2E041 (9/01)