

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 0000000 1629

1. Limited Liability Company's Name

KNT NETWORK TECHNOLOGIES LLC

2. Principal Office Address

1545 ROUTE 206

Suite, Apt. #, etc.

SUITE 200

City & State

BEDMINSTER, NEW JERSEY

Zip

07921

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

3/17/2000

6. FEI Number

22-3728701

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Denise Martin

Date 11-21-01

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
<i>Managing Member</i>	HAROLD N. KAMINE	1545 ROUTE 206, STE. 200	BEDMINSTER, NJ 07921
<i>Member</i>	KNT PARTNERS LP	22 CHAMBER STREET	PRINCETON, NJ 08842

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

Harold N. Kamine

Date 11/6/01

Daytime Phone # 908-470-2100

Typed or printed name of signing Managing Member/Manager

HAROLD N. KAMINE, *Managing Member*

REINSTATEMENT 2001

CR2E041 (9/01)