

M01000000633

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 JUN 25 PM 2:45

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M01000000633 1. Limited Liability Company's Name CREDITEK LLC

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CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 9 SYLVAN WAY Suite, Apt. #, etc. SUITE 165 City & State PARSIPPANY, NJ Zip 07054 Country USA 3. Mailing Office Address 9 SYLVAN WAY Suite, Apt. #, etc. SUITE 165 City & State PARSIPPANY NJ Zip 07054 Country USA

4. State/Country of Formation DELAWARE 5. Date Organized or Qualified To Do Business in Florida 03/22/2001 6. FEI Number 223658826 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 NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE FL 32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Kathleen Ballard, Asst. Sec. Date 6-24-08 REGISTERED AGENT MUST SIGN

Table with 4 columns: Title, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for NV Tyagarajan, Victor Guaglianone, and Juan Ferrara. Includes stamp: REINSTATEMENT 2006-2008 200132103882 07/03/08--01003--012 **546 25

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. Signature of Managing Member/Manager Linda A. White Date 6/17/08 Daytime Phone # 913-335-0930 Typed or printed name of signing Managing Member/Manager Linda A. White