

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV -9 PM 11:12

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                            |                                                |                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M01000001222</b><br>1. Entity Name<br><b>MPC COMPUTERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                                            |                                                |                                                                                 |  |
| Principal Place of Business<br>906 E. KARCHER RD.<br>NAMPA, ID 83687                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                            |                                                | Mailing Address<br>906 E. KARCHER RD.<br>NAMPA, ID 83687                                                                                                         |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                              |                                                |                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               | City & State                                                                                               |                                                | 11012006 REIN-LLC CR2E101 (11/05)                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               | Country                                                                                                    |                                                | 4. FEI Number<br><b>52-2316916</b>                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | \$5.00 Additional Fee Required                                                                             |                                                |                                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                                            |                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                               |                                                                                                            |                                                |                                                                                                                                                                  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                        |                                                               |                                                                                                            |                                                |                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>After January 1, 2007, Fee will be \$100.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                | Make check payable to<br><b>Florida Department of State</b>                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>ADKINS, MICHAEL S<br>906 E KARCHER RD<br>NAMPA, ID 83687 | <input checked="" type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Member<br>GIG Holdings, LLC<br>906 E Karcher Road<br>Nampa, ID 83687                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>HANSEN, BRIAN<br>906 E KARCHER RD<br>NAMPA, ID 83687    | <input checked="" type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000081561000<br>11/09/06--01038--003 **50.00                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>WARWICK, ROBB<br>906 E KARCHER RD<br>NAMPA, ID 83687     | <input checked="" type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REINSTATEMENT 2006                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                               |                                                                                                            |                                                |                                                                                                                                                                  |  |
| <b>SIGNATURE:</b> <u>Matthew T Savely</u> <b>Matthew T Savely signing for MPC Computers 208-893-1762</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                    |                                                               |                                                                                                            |                                                |                                                                                                                                                                  |  |