

M01W0001397

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 19 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Etrex Group LLC

2. Principal Office Address

1270 N. Wickham Rd
Suite, Apt. #, etc.
16-117

City & State

Melbourne

Zip

32935

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

4. State/Country of Formation

Deleware

**5. Date Organized or Qualified
To Do Business in Florida**

6/20/2001

6. FEI Number

59-3726912

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

Henry Cote

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

1270 N. Wickham Rd

Suite, Apt. #, Etc.

16-117

City

Melbourne

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date 8/18/05

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
Member	Henry Cote	1270 N Wickham Rd. Suite 16-117	Melbourne/FL/32935

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

Date 8/18/05

Daytime Phone # 321-749-2900

Typed or printed name of signing Managing Member/Manager

CR2ED41 (10/02)