

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001990

1. Limited Liability Company's Name
Optimus Solutions LLC
22 Technology Parkway
Norcross, GA 30092

500028437585
02/09/04--01062--001 **250.00

2. Principal Office Address Same as above Suite, Apt. #, etc.		3. Mailing Office Address Same as above Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation
Georgia

5. Date Organized or Qualified To Do Business in Florida
Aug 2001

6. FEI Number
582403631

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
~~Blake Frazier~~ Blake Frazier

Street Address (P.O. Box Number is Not Acceptable)
4630 S Kirkland Road ~~582403631~~

Suite, Apt. #, Etc.
Suite 416

City
Orlando

State
FL

Zip Code
32811

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 Blake Frazier Date 2.3.04

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
CEO	Mark Metz	22 Technology Parkway	Norcross, GA 30092
VP	Steve Johnson	22 Technology Parkway	Norcross, GA 30092
VP	Sandra P. Potter	22 Technology Parkway	Norcross, GA 30092

REINSTATEMENT 02/04/04

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 Sandra P. Potter Date 1.30.04 Daytime Phone # 770.349.3222

Typed or printed name of signing Managing Member/Manager Sandra P. Potter

CR2E041 (10/02)