

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

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.

City & State

Zip

Country

**3. Mailing Office Address**

Same as above

Suite, Apt. #, etc.

City & State

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 ~~4630 S Kirkland Road~~

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  
da

**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