PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAY -5 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800154566948
05/01/09--01002--003 **1071.25

CR2E041 (10/08)

DOCUMENT # M02000000122

1. Limited Liability Company's Name

ENGINEERING DEVELOPMENT SERVICES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
27154 POLLARD ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Daphne, AL			
Zip	Country	Zip	Country
36526	USA		

4. State/Country of Formation: Alabama

5. Date Organized or Qualified To Do Business in Florida: 01/14/2002

6. FEI Number: 63-1224593 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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: [signature] Date: 04/27/2009

REGISTERED AGENT MUST SIGN — Danny Verdeccia, Jr. Asst. Secretary

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
MGRM	Joseph P. Bullock	27154 Pollard Road	Daphne, AL 36526
MGRM	John G. Avent	27154 Pollard Road	Daphne, AL 36526
			S. HAWKES
	REINSTATEMENT		MAY 0 8 2009
	2003-09		EXAMINER

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 608.408, 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: [signature] Date: 4/28/09 Daytime Phone #: 251-626-2122

Typed or printed name of signing Managing Member/Manager: Joseph P. Bullock