

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000003784

FILED  
Oct 04, 2007  
Secretary of State

Entity Name: EXTENSIS V LLC

**Current Principal Place of Business:**

C/O DON ABERNATHY  
900 ROUTE 9 NORTH, SUITE 403  
WOODBIDGE, NJ 07095

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DON ABERNATHY  
900 ROUTE 9 NORTH, SUITE 403  
WOODBIDGE, NJ 07095

**New Mailing Address:**

FEI Number: 22-3850859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: DON ABERNATHY FOR CSC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RADIN, BRIAN  
Address: 900 ROUTE 9 NORTH, SUITE 403  
City-St-Zip: WOODBRIDGE, NJ 07095

Title: MGR ( ) Delete  
Name: ABERNATHY, DON  
Address: 900 ROUTE 9 NORTH, SUITE 403  
City-St-Zip: WOODBRIDGE, NJ 07095

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DON ABERNATHY

CFO

10/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date