



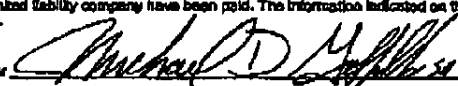
FILED

Nov 08 08 11:47a M.Griffiths Sr

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-----------------------------------|---|---|--|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # M04000000183 | | | | | |
| 1. Limited Liability Company's Name THE ATM KING, LLC | | | | | |
| 2. Principal Office Address 4821 CAVALLO WAY Suite, Apt. #, etc. | | | 3. Mailing Office Address SAME Suite, Apt. #, etc. | | |
| City & State WOODBRIDGE, VA | | City & State | | | |
| Zip 22192 | Country USA | Zip | Country | 4. State/Country of Formation VIRGINIA | |
| 5. Date Organized or Qualified To Do Business in Florida 13 JANUARY 2004 | | | | | |
| 6. FBI Number 542025165 | | | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name CT CORPORATION SYSTEM | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. | | | | | |
| SUBS. Apt. #, etc. | | | | | |
| City Plantation | | | State FL | Zip Code 33324 | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. | | | | | |
| Signature of Registered Agent  | | Name Anusha Potty, VP&Asst. Sec. | | Date 11/8/06 | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | |
| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | | City / State / Zip | |
| MGR | MICHAEL D GRIFFITHS | 4821 CAVALLO WAY | | WOODBRIDGE, VA 22192 | |
| REINSTATEMENT | | | | | |
| 2004 | | | | | |
| 11-9-06 | | | | | |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reasons for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.406, 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  | | Name Michael D Griffiths Sr | | Date 8/10/2006 Daytime Phone# 703-580-0802 | |
| Typed or printed name of signing Managing Member/Manager Michael D Griffiths Sr | | | | | |

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Florida Department of State
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

THE ATM KING, LLC

| | |
|-----------------------|----------|
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