

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 10 AM 11:05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M04000001837

1. Limited Liability Company's Name
 BIOTEC FILMS LLC

2. Principal Office Address
 7455 ADAMO DRIVE

3. Mailing Office Address
 7455 ADAMO DRIVE

Subs., Apt. #, etc.

City & State
 TAMPA, FL

Zip Country
 33619 US

CR2E041 (6/05)

4. State/Country of Formation
 DELAWARE, US

5. Date Organized or Qualified To Do Business in Florida
 05/13/04

6. FEI Number
 75-3149979

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 SYSTEM

Street Address (P.O. Box Number, if Not Applicable)
 1200 SOUTH PINE ISLAND ROAD

Subs., Apt. #, Etc.

CITY
 PLANTATION

State Zip Code
 FL 33324

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 *Barbara A. Burke* Special Assistant Secretary Date *7-5-06*

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
	IAN THOMPSON	7455 ADAMO DRIVE	TAMPA, FL, 33619
	JASON TECKOE	18-17 CAMBRIDGE SCOPROGRESS SCIENCE PARK, MILTON ROAD	CAMBRIDGE CB4 0FQ
			300077524728
			07/14/06--01038--020 **15.00
			REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reasons for dissolution have 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 *IAN D. THOMPSON* Date *7/5/2006* Daytime Phone # *813-628-0424*

Typed or printed name of signing Managing Member/Manager IAN D. THOMPSON