

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 DEC -3 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004246

1. Limited Liability Company's Name

Stratus Technology Services, LLC

2. Principal Office Address - No P.O. Box #

149 Ave at the Common

Suite, Apt. #, etc.

Suite 203

City & State

Shrewsbury New Jersey

Zip

07702

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

New Jersey

5. Date Organized or Qualified  
To Do Business in Florida

Sept 9, 2004

6. FEI Number

22-3776993

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

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 Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

400267077334  
12/03/14--01002--020 \*\*932.50

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

Joan Tolesa  
**Assistant Secretary**

Date 12/02/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Pres	James Raymond	28 Sherwood Circle	Little Silver, NJ 07739
VP	Steve Damen	581 Brielle Road	Mumfreesburg, NJ 08736

11. E-mail Address: lcase@stratus-tech.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

12/1/14

Daytime Phone #

132-3800323

Typed or printed name of signing Authorized Representative/Manager

James Raymond

DE 12/1/14