


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JAN 11 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|--|---|
| DOCUMENT # M05000000488 | |  |
| 1. Entity Name S3 TECHNOLOGIES, LLC | | |

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|---|---|
| Principal Place of Business 3707 INTERSTATE PARK ROAD SOUTH RIVIERA BEACH, FL 33404 | Mailing Address 3707 INTERSTATE PARK ROAD SOUTH RIVIERA BEACH, FL 33404 |
|---|---|

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|--|--|
| 2. Principal Place of Business - No P.O. Box # 707 Northlake Blvd | 3. Mailing Address 707 Northlake Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State North Palm Beach FL | City & State North Palm Beach FL |
| Zip 33408 | Zip 33408 |
| Country USA | Country USA |

10292007 REIN-LLC CR2E101 (1/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 22-3637488 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIGHARDT, STEPHEN
3707 INTERSTATE PARK ROAD SOUTH
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen Schweighardt* DATE 11-20-07
(NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHWEIGHARDT, STEPHEN 3707 INTERSTATE PARK ROAD SOUTH RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHWEIGHARDT Stephen R 707 Northlake Blvd North Palm Beach FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMON SCHWEIGHARDT 707 Northlake Blvd North Palm Beach, FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | non member AL STANAWAY 707 Northlake Blvd North Palm Beach FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800113304228 12/20/07--01028--010 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Stephen Schweighardt* DATE 11-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE