

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000001677

FILED
Oct 09, 2007
Secretary of State

Entity Name: INVENT DATA SOLUTIONS, L.L.C.

Current Principal Place of Business:

909 LAKE COROLYN PARKWAY, SUITE 1950
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

909 LAKE COROLYN PARKWAY, SUITE 1950
IRVING, TX 75039

New Mailing Address:

PO BOX 2569
GRAPEVINE, TX 76099

FEI Number: 26-0314841 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SAPP, CYNTHIA
2200 NE 36TH AVE., BLDG. 400
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SAPP, CYNTHIA L
2200 NE 36TH AVE., BLDG. 400
OCALA, FL 34471 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: CYNTHIA L SAPP

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAPP, CYNTHIA
Address: 2200 NE. 36TH AVE. BLDG. 400
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: DO, TAM
Address: 9126 JASMINE LANE
City-St-Zip: IRVING, TX 75063

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: CYNTHIA L SAPP

MGR

10/09/2007

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