

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 OCT 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000006137

1. Limited Liability Company's Name

Technical Systems, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 250 Turner Boulevard		3. Mailing Office Address 3 Ravinia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1900	
City & State Ball Ground, GA		City & State Atlanta, GA	
Zip 30107	Country US	Zip 30346	Country US

4. State/Country of Formation Ge	
5. Date Organized or Qualified To Do Business in Florida 10/5/2007	
6. FEI Number 76-0711696	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required in a Certificate of Status.	

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:
300213313813
10/14/11--01026--014 **238.75

mkiella@coreecs.com
(To be used for future annual report notices)

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 by: Patricia Fnull - ASST V.P. Date 10-5-2011
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
Member	Core Education Technologies, Inc.	3 Ravinia Drive, Suite 1900	Atlanta, GA 30346
Mgr	Shekhar Iyer	3 Ravinia Drive, Suite 1900	Atlanta, GA 30346
Mgmem	Pankaj Sampat	3 Ravinia Drive, Suite 1900	Atlanta, GA 30346

REINSTATEMENT *ll*

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 reason for dissolution has 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Shekhar Iyer* Date 10/8/2011 Daytime Phone # 678-578-7714
Typed or printed name of signing Managing Member/Manager Shekhar Iyer