

1 of 2 pages


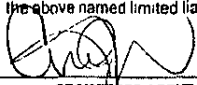
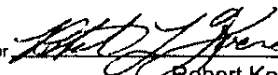
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 NOV 21 PM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800292522618

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000005085			
1. Limited Liability Company's Name Molecular Power Systems, LLC			
2. Principal Office Address - No P.O. Box # SLS Lab, Kennedy Space Center Suite, Apt. #, etc. 505 Odyssey Way City & State Merritt Island, Florida Zip 32953-8701 Country USA		3. Mailing Office Address SLS Lab, Kennedy Space Center Suite, Apt. #, etc. 505 Odyssey Way City & State Merritt Island, Florida Zip 32953-8701 Country USA	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street Apt. #, Etc. City Tallahassee State FL Zip Code 32301		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 10/12/2011 6. FEI Number 27-1842570 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Courtney Williams REGISTERED AGENT MUST SIGN Asst. Vice President Date 11.18.16			
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
CEO, Manager	Traver Kennedy	SLS Lab, Kennedy Space Center 505 Odyssey Way	Merritt Island, FL 32953-8701
P, Manager	Robert Koeneman	SLS Lab, Kennedy Space Center 505 Odyssey Way	Merritt Island, FL 32953-8701
CFO	Kurt Frahn	SLS Lab, Kennedy Space Center 505 Odyssey Way	Merritt Island, FL 32953-8701
11. E-mail Address: huw.jones@joiscientific.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 11/18/2016 Daytime Phone # 850-496-7522	
Typed or printed name of signing authorized representative/member Robert Koeneman, President and Manager			

11/21/16

2 of 2 pages

FILED

15 NOV 21 PM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 375780 4311639

AUTHORIZATION :

COST LIMIT : \$238.75

[Signature]

ORDER DATE : November 18, 2016

ORDER TIME : 3:07 PM

ORDER NO. : 375780-005

CUSTOMER NO: 4311639

REINSTATEMENT

NAME: MOLECULAR POWER SYSTEMS, LLC

RECEIVED
15 NOV 19 PM 6:58
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____