

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M98000001170

**1. Limited Liability Company's Name**

Vela Research Holdings LLC

**2. Principal Office Address**

5733 Myerlake Circle

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33760

Country

USA

**3. Mailing Office Address**

5733 Myerlake Circle

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33760

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified  
To Do Business in Florida**

1.0/1.2/98

**6. FEI Number**

59-3491780

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**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

**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

*Vicky Goldstein*

**VICKY GOLDSTEIN**

**SPECIAL ASSISTANT SECRETARY**

Date

12/12/00

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
Manager	Vela General Partner LLC	4 Silver Court	Littleton, Colorado 80127

**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.**

Signature of

Managing Member/Manager

By: *Murali K. Reddy*

Vela General Partner LLC

Date

11/7/00

Daytime Phone #

303-409-4424

Typed or printed name of signing Managing Member/Manager

Murali K. Reddy, Manager

**FILED**

00 DEC 13 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *7/2000*

CR2E041 (9/99)