

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 NOV 16 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

10/12/98

6. FEI Number

59-3491780

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 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

Hiedi M. Lisch

REGISTERED AGENT MUST SIGN

Date 11/14/01

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 Fir Court

Littleton, CO 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

By:

Managing Member/Manager

Vela General Partner LLC

Date

10/22/01

Daytime Phone #

303-973-9578

Typed or printed name of signing Managing Member/Manager Murali K. Reddy, Manager

REINSTATEMENT 2001

CP2E041 (9/01)