

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

DOCUMENT # M98000001202

1. Limited Liability Company's Name

CRITIKON COMPANY LLC

2. Principal Office Address

3. Mailing Office Address SAME

4502 WOODLAND CORP BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33614

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

10/19/1998

6. FEI Number

59-3537430

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 SYSTEMS

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

100003438341-3

-10/25/00--01015--04

****155.00 ****155.00

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

David J. Milner

REGISTERED AGENT MUST SIGN

Date 10/16/00

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
MGR	DAVID MILNER	4502 WOODLAND CORP BLVD	TAMPA, FL 33614
MGR	GONDIE NYE	4502 WOODLAND CORP BLVD	TAMPA, FL 33614

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

David J. Milner

Date 10/16/00 Daytime Phone # 813-887-2607

Typed or printed name of signing Managing Member/Manager

DAVID MILNER