

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
00 NOV 27 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M98-1520

1. Limited Liability Company's Name

Real Time Integration, LLC / M98000001520

REINSTATEMENT 2000

2. Principal Office Address

1819 Riverview Drive

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip

32901

Country

USA

3. Mailing Office Address

1819 Riverview Drive

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip

32901

Country

USA

4. State/Country of Formation

Florida / USA

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

12/17/98

6. FEI Number

52-2133238

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

Robert L Jackson

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

1819 Riverview Drive

Suite, Apt. #, Etc.

Suite 101

City

Melbourne

100003491681-6

-12/08/00--01045--009

******150.00 ****150.00**

State

FL

Zip Code

32901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **NOV 20 2000**

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
	Robert L. Jackson	1819 Riverview Drive Suite 101	Melbourne, FL 32901
	James L. Suggs	Same as above	Same as above.

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

[Signature]

Date **NOV 17 '00**

Daytime Phone # **321-783-1128**

Typed or printed name of signing Managing Member/Manager