

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE

FILED

01 FEB 27 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # M99000000327

1. Limited Liability Company's Name

Taylor Made Technologies, LLC

2. Principal Office Address

Suite, Apt. #, etc.

1900 47th Terrace East

City & State

Bradenton, FL

Zip

34203

Country

US

3. Mailing Office Address

PO Box 1190

Suite, Apt. #, etc.

66 Kingsboro Avenue

City & State

Gloversville, NY

Zip

12078

Country

US

4. State/Country of Formation

Delaware

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

3/18/99

6. FEI Number

33-068-7882

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRE: D

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2000-
2001

8. Name and Address of Current Registered Agent

Name

CT Corporation System

300003790483-3

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

1200 South Pine Island Road

03/01/01-01008-012

****205.00 ****205.00

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 603, F.S.

Signature of
Registered Agent

Conni Bryan

Conni Bryan, Special Asst. Secy.

Date 2-27-01

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
MGRM	James W. Taylor	66 Kingsboro Avenue	Gloversville, NY 12078
MGRM	John E. Taylor	66 Kingsboro Avenue	Gloversville, NY 12078

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

John E. Taylor

Date 02/12/01

Daytime Phone # 518-773-9319

Typed or printed name of signing Managing Member/Manager John E. Taylor