APPROVED AND FILED

01 MAR 26 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M99000001731

REINSTATEMENT 2000-2001

1. Limited Liability Company's Name

The Institute for Strategic Competencies L.L.C.

2. Principal Office Address	3. Mailing Office Address
3040 E. Commercial Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, IL	City & State
Zip: 33308 Country: U.S.	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 2/2/1999

6. FEI Number: 59-2888864 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $8.50 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32303-6675

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: Laura R. Dunlap as its agent Date: 3/26/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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.	Peter E. Isaac	3040 E. Commercial Blvd.	Fort Lauderdale, FL 33308

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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: X P.E. Isaac Date: 3-13-01 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Peter E. Isaac

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 090723 4327236

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : ~~$ 50.00~~ $125.00

ORDER DATE : March 23, 2001

ORDER TIME : 3:06 PM

ORDER NO. : 090723-010

CUSTOMER NO: 4327236

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: INNOVATION AND STRATEGIC COMPETENCY

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

_____ Certified Copy
XX Plain Stamped Copy
XX Certificate of Status

CONTACT PERSON: Jeanine Reynolds - Ext. 1133

EXAMINER'S INITIALS: _____

RECEIVED
01 MAR 26 PM 4:05
DIVISION OF CORPORATION