PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Limited Liability Company's Name ENGINEERING CAD SERVICES, INC 2. Principal Office Address - No P.O. Box # 10150 Highland Manor Drive 10150 Highland Ma	LIMITE CO REIN:			s	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			2008 APR -7 AM II: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Office Address - No P.O. Box # 10150 Highland Manor Drive 10150 Highland Manor Drive 10150 Highland Manor Drive 10150 Highland Manor Drive 200 Suite 200)82127	7			17	ALLAHASSELT COMPT		
10150 Highland Manor Drive Suite, Apt. #, etc. Suite 200 Tampa Tampa Country 33610 BROWARD BROWARD Service Address of Current Registered Agent Name RICHARD WELLS Suite 200 Suite 200 Suite 200 Registered Agent Suite 200 Suite 200 Suite 200 To be Business in Floridae 07 / 28 / 2003 F. FEIN Turber 200113785 Suite 200 To be Business in Floridae 07 / 28 / 2003 Suite 200 To be Business in Floridae 07 / 28 / 2003 F. FEIN Turber 200113785 To CERTIFICATE OF STATUS DESIRED Suite 200 Suite 200 Suite 200 To be Business of Current Registered Agent Name RICHARD WELLS Suite 200 Suite 200 Suite 200 Suite 200 Suite 200 To be Business of Current Registered Agent Suite 200 Suite 200 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To be Business in Floridae 07 / 28 / 2003 To country To certify the suit and Address of Current Registered Agent Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To country Situation of Floridae 07 / 28 / 2003 To cou	ENGI	NEERII	VG (CAD SEF	RVICES ,	INC			RE	INSTATEMENT 05-0		
Suite 200	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address									01/22047 (1207)		
Suite 200	10150 H	Drive	10150 Hig	hland Manor Drive			4. State/Cour	ntry of Formation				
Sulte 200 To Do Business in Florida 07 / 28 / 2003 To Do Business in Florida 07 / 28 / 2003 6. FEI Number 200113755 7. CERTIFICATE OF STATUS DESIRED 3500 Additional February 33610 8. Name and Address of Current Registered Apent Name RICHARD WELLS Sirest Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Sulte 200 City TAMPA 9. I. being appointed the registered apent of the above nafted limited fluidility company and partition with and accept the obligations of Chapter 608, F.S. Signature of Registered Apent 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Titles ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD POINTE BRENTWOOD ,TN, 37027 11. I certify that I am managing member/manager or the reason for dissociation has been elementated, the limited libitility company promote the price price of the certify that I am managing member/manager or the reason for dissociation has been elementated, the limited libitility company promote this application as provided for in chapter 608, F.S. Livrher cartify, that I am managing member/manager or the reason for dissociation has been elementated, the limited libitility company promote the accurate and respect to the supplication is transplaced to this application is transplaced and respect to the supplication is transplaced to the supplication is transplaced in the supplication is transplaced and respectively.	Suite, Apt. #		Suite, Apt. #,	etc.								
City & State Tampa	Suite 200 Suite 200)				denne de Florida		
Tampa Tampa Zip Zountry Zip Country Zip	City & State City & State											
33610 BROWARD 33610 BROWARD **CERTIFICATE OF STATUS DESIRED** **S. Name and Address of Current Registered Agent** Name RICHARD WELLS Street Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Suite, Apt. #, Etc. Suite 200 City TAMPA **State** **Signature of Registered Agent** **REGISTERED AGENT MUST SIGN** **Date** **A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$10 reinstatement be waived. **PL 33610** *	Tampa Tampa								<u> </u>			
8. Name and Address of Current Registered Agent Name RICHARD WELLS Street Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Sulte, Apt. 8, Etc. Sulte 200 City TAMPA 9. I, being appointed the registered agent of the above neithed limited liability company and partitions of the control of the property of the	·				Country			7.	7. SS 00 additional For required			
Name RICHARD WELLS Sirest Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Suite, Apt. 4, Etc. Suite 200 City TAMPA State Size Address of Each Managing Members Managers Titles Name of Managing Members Managers Titles Name of Managing Members Managers Titles ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD ,TN , 37027 11-1 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 Warfing this reinstatement application for received he not repaire 608, F. S. I further certify that Warfing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 603 406, F. S. and all fees word by the imitted liability company name satisfies the requirements of section 603 406, F. S. and all fees word by the imitted liability company name satisfies the requirements of section 603 406, F. S. and the section of the control o	33610		BRO	WARD	33610		BRO	WARD	CERTIFICAT	E OF STATUS DESIRED for a Certificate of Status		
RICHARD WELLS Street Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Suite. Apt. 4; Etc. Suite 200 City TAMPA 9. 1, being appointed the registerest regent of the above named limited liability company am amiliar with and accept the obligations of Chapter 608; F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addressos of Managing Members/Managers Titles Name of Managing Members/Managers Titles RONALD W FLEMING JR 848 Maple Ridge Dr Boardman, Ohio 44512 TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD ,TN, 37027 11. I certify that I am managing member/manager or the receiver or frustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that Vertifing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name santiles the requirements of section 608, 406, F.S. and the limited liability company name santiles the requirements of section 608, 406, F.S. and the limited liability company name santiles the requirements of section 608, 406, F.S. and the limited liability company name santiles the requirements of section 608, 406, F.S. and the limited liability company have boen paid. The information indicated on this application in the specification are growthed for in chapter 608, F.S. I further certify that vertified the limited disapplication are requirements of section 608, 406, F.S. and the limited liability company have been paid invited the limited missing company have been paid and trees over dot by the limited liability company have been paid and the second by the limited liability company have been paid and the second by the limited liability company have been paid and the second of the respondent of the requirements of section 608, 406, F.S. and the limited liability company have been paid and the second of the limited liability company have been paid and the second of the limited l		i	8. Nar	ne and Address o	of Current Regis	tered Agent	t					
Street Address (P.O. Box Number is Not Acceptable) 10150 Highland Manor Drive Suite, Apt. 4, Etc. Suite 200 City TAMPA State Stat								A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this				
Suite. Apt. #, Etc. Suite. 200 City TAMPA State State Signature of Registered Agent Titles Managing Members/Managers Titles RONALD W FLEMING JR 848 Maple Ridge Dr REGISTERED STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD, TN, 37027 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 Warfling this reinstatement application he reason for dissolution has been eliminated, the limited lability company have been estimated in this application as provided for in chapter 608, F.S. I further certify that whe filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name asstalfes the requirements of section 608, 616, F.S., and the same legal elimination indicated on this application is true and accurate stall new treasme legal elimination indicated on this application is true and accurate stall new treasme legal elimination indicated on this application is true and accurate; and my signature stall new treasme legal elimination indicated on this application is true and accurate in chapter 608, F.S. I further certify that whe filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name as accurate stall new treasme legal elimination indicated on this application is true and accurate; and my signature stall have the same legal eliminated in this specification is true and accurate in the same legal eliminated.	Street Address (P.O. Box Number is Not Acceptable)											
Suite 200 City TAMPA State Zip Code FL 33610 9. I, being appointed the registered agent of the above named limited stability company am amiliar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers PRES RONALD W FLEMING JR 848 Maple Ridge Dr Boardman, Ohio 44512 TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD, TN, 37027 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. If further certify that whe filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been plead free in chapter 608, F.S. If further certify that whe filling this reinstatement application is true and accurate, and my singatures shall have the same legal effection is true and accurate, and my singatures shall have the same legal effection is true and accurate, and my singatures shall have the same legal effection is true and accurate, and my singatures shall have the same legal effection in the regular effective and accurate, and my singatures shall have the same legal effection in the reason for dissolution has been eliminated, the limited liability company have been pead for incompany have been pead for incompa										box, you are certifying the prior notices were		
TAMPA 9. I, being appointed the registered agent of the above named limited liability company am artillar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Titles Name of Managing Members/Managers PRES RONALD W FLEMING JR 848 Maple Ridge Dr Boardman, Ohio 44512 TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD ,TN , 37027 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 whe filling this reinstatement application the reason for dissolution has been eliminated, 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 eff									not received and requesting the \$100			
Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip	City State Zip Code											
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip PRES RONALD W FLEMING JR 848 Maple Ridge Dr Boardman, Ohio 44512 TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD, TN, 37027 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 whe filling 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 it all fees owed by the limited liability company have been paid. The indicated on this application is true and accurate, and my signature shalf have the same legal effective and accurate, and my signature shalf have the same legal effective.	Signature of	ıf	register	<u> <idva< u=""></idva<></u>	bu	W	el	m amiliar with an	d accept the obliga			
PRES RONALD W FLEMING JR 848 Maple Ridge Dr Boardman, Ohio 44512 TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD, TN, 37027 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 whe filling 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 it lees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shalf have the same legal eff	10. Name	es and Street A	ddresse	s of Managing Me	mbers/Managers	1			-			
TREAS ROBERT STEVENS 132 EASTWING DRIVE WARREN, OH, 44484 VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD, TN, 37027 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 filling 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 if lees 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 effective.	Titles	Name of								City / State / Zip		
VP ELLA PETKOVICH 904 BRENTWOOD POINTE BRENTWOOD ,TN , 37027 200122436952 04,/07/08 01016 01016 0101 ***500 00 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 whe filling 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 the 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 efforts.	PRES	RONALD W FLEMING JR 848 Maple Ric						Ridge Dr		Boardman, Ohio 44512		
200122436352 04/07/08 - 01016 - 012 ***600.00 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 whe filling 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 the 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 efficiency.	TREAS	ROBERT	/ENS		132 EASTWING DRIVE				WARREN, OH, 44484			
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 whe 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 the 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 eff	VP	ELLA PE	/ICH		904 BRENTWOOD POINTE			TE	BRENTWOOD ,TN , 37027			
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 the 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 eff									- 24/(00122436952 37/00 01016 012 **600.00		
Signature of Managing Member/Manager Date 04/03/2008 Daytime Phone # 330-718-3047 Typed or printed game of signing Managing Member/Manager RONALD W FLEMING	filing the all feet as if no Signature o	his reinstateme is owed by the li made under oat of	ent applie ilmited li th.	cation the reason f	or dissolution has ve been paid. The	been elimin e information	nated, the	e limited liability coned on this application	mpany name satisfi on is true and accu	les the requirements of section 608.406, F.S., and that rate, and my signature shall have the same legal effect		

4/2an