

FILED

09 OCT 22 AM 9:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 106000101435

1. Limited Liability Company's Name

FERMAT SOLUTIONS

16283-112848

2. Principal Office Address - No P.O. Box #

16283 S.W. 47 Ct.

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip 33027

3. Mailing Office Address

P.O. Box 340515

Suite, Apt. #, etc.

City & State

Austin, TX

Zip 78734

Country Travis

8. Name and Address of Current Registered Agent

Name

Julian Pachon

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

16283 S.W. 47 Ct.

Suite, Apt. #, Etc.

City

Miramar

State FL

Zip Code 33027

4. State/Country of Formation

FL / Broward

5. Date Organized or Qualified
To Do Business in Florida

July 2006

6. FEI Number

20-5233322

 Applied For Not Applicable

7.

CERTIFICATE OF STATUS DESIRED

 \$5.00 Additional Fee required
for a Certificate of Status 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 \$100 reinstatement be waived.300160686593
10/28/09--01013--010 ***72.50

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

Date

Sep 4/09

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
P	Julian Pachon	2945 Grimes Ranch Rd Austin, TX 78732	Austin, TX 78732
VP	Libertad Montealegre	2945 Grimes Ranch Rd Austin, TX 78732	Austin, TX 78732
			09/15/09-01032-001 ***377.50
			09/15/09-01032-001 ***377.50
			09/15/09-01032-001 ***377.50

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

Date Sep 4/09

Daytime Phone # 512-9194117

Typed or printed name of signing Managing Member/Manager

JULIAN PACHON