

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Florida
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L02000010145

1. DOCUMENT # L02000010145
Name and Mailing Address

03 DEC 22 PM 12:58

12/15/04

0009905 01 AT 0.292 **AUTO T6 0 0615 33710-780135
 ADVANCE INNOVATIONS, LLC
 5935 3RD AVE. NO.
 ST. PETERSBURG FL 33710-7801



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/29/2002	
Principal Place of Business 5935 3RD AVE. NO. ST. PETERSBURG FL 33710	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0600254	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WHITE, CHAD A 5935 3RD AVE. NO. ST. PETERSBURG FL 33710		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 400025692224 12722703-01089-007 **150-00 City FL Zip Code	
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10. 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 Chad White **SIGNATURE REQUIRED** Date 12/20/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WHITE, CHAD A	5935 3RD AVE. NO.	ST. PETERSBURG FL 33710

REINSTATEMENT 2003

12. 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 Chad White **SIGNATURE REQUIRED** Date 12/20/03 Daytime Phone # 727-214-7050
Typed or printed name of signing Managing Member/Manager Chad A. White

CR2E084 (7/03)