

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

DOCUMENT # L000000000005

1. Limited Liability Company's Name

I-Nebula.com

2. Principal Office Address

3. Mailing Office Address

1734 Scotch Pine Drive

1734 Scotch Pine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Brandon, Florida

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

REINSTATEMENT 2000

4. State/Country of Formation

Florida, Hillsborough

5. Date Organized or Qualified

To Do Business in Florida 12/28/99

6. EEI Number

59-3618796-16082

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dan Powers

000003459300 -4

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

1734 Scotch Pine Drive

-11/09/00-01096-005

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

Dan Powers

Date Oct 20, 2000

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
CEO	Eric Enksen	9110 12th Avenue	Brandon, FL 34209
CTO	Dan Powers	1734 Scotch Pine Drive	Brandon, FL 33511

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

Eric Enksen

Date

10/20/00

Daytime Phone #

941-730-1992

Typed or printed name of signing Managing Member/Manager