

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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1. DOCUMENT # L00000000005

Name and Mailing Address

0006349 01 FP 0.352 \*\*PRSRT TO O 0615 33511-935334  
I-NEBULA.COM LLC  
1734 SCOTCH PINE DRIVE  
BRANDON FL 33511-9353

FILED

02 OCT 30 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b>  12/28/1999		<b>6. FEI Number</b>  59-3618796	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>  POWERS, DAN 1734 SCOTCH PINE DRIVE BRANDON FL 33511		<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code	
<b>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.</b>  Signature of Registered Agent <u>Dan Powers</u> <b>REGISTERED AGENT MUST SIGN</b> Date <u>Oct 26, 2002</u>			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	ENUSEN, ERIKSEN	8110 12TH AVE., N.W.	BRADENTON FL 34208
CFO	POWERS, DAN	1734 SCOTCH PINE DRIVE	BRANDON FL 33511
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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 Dan Powers Date 10/26/02 Daytime Phone # 813-503-5776

Typed or printed name of signing Managing Member/Manager Daniel Powers

CR2E084 (8/02)