

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

1. DOCUMENT # L00000000005

Name and Mailing Address

0013433 01 AT 0.292 **AUTO T9 0 0615 33511-935334
I-NEBULA.COM LLC
1734 SCOTCH PINE DRIVE
BRANDON FL 33511-9353



10/28 2003

2. New Mailing Address 2855 Lake Michaela Blvd City, State, Zip Valrico, FL, 33594		4. State/Country of Formation FL	
Principal Place of Business 1734 SCOTCH PINE DRIVE BRANDON FL 33511		5. Date Organized or Qualified To Do Business in Florida 12/28/1999	
3. New Principal Place of Business Address 2855 Lake Michaela Blvd City, State, Zip Valrico, FL, 33594		6. FEI Number 59-3618796 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 POWERS, DAN 1734 SCOTCH PINE DRIVE BRANDON FL 33511		9. Name and Address of New Registered Agent Name Powers, Daniel Street Address (P.O. Box Number is Not Acceptable) 2855 Lake Michaela City Valrico FL Zip, City 33594	
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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 [Signature] **SIGNATURE REQUIRED** Date Oct 14, 2003
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
CEO	ENUSEN, ERIKSEN	9110 12TH AVE., N.W.	BRADENTON FL 34208
CFO	POWERS, DAN	1734 SCOTCH PINE DRIVE	BRANDON FL 33511
400024184794 10/28/03--01007--026--**150.00			
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 [Signature] **SIGNATURE REQUIRED** Date Oct 14 Daytime Phone # 813-244-5425

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