

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
03 FEB 26 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Imprint Promotions, LLC

400013146534
02/26/03--01077--012 **200.00

2. Principal Office Address

1700 W. New Haven Ave.

Suite, Apt. #, etc.

215

City & State

Melbourne, FL

Zip

32904

Country

Brevard

3. Mailing Office Address

P.O. Box 452261

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34745

Country

Osceola

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3633410

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

Peter de la Garza

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

2699 Kendall Ave.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/24/03

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
Pres	Peter de la Garza	2699 Kendall Ave.	Kissimmee, FL 34744

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application for reinstatement. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company is in good standing, 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]

Date

2/24/03

Daytime Phone #

321-676-9885

Typed or printed name of signing Managing Member/Manager